A15C 1-55

11401 CERTIFICATE OF DEATH

11405

Reg. Dist. No. 4 1. PLACE OF DEATH 2. USUAL PESIDENCE (HOME) OF DECEASED COUNTY Allegany COUNTY Allegany STATEMaryland MARYL AND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL end give nearest town) and give naarest town) (in this place) TOWN Cumberland TOWN Cumberland HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 115 Humbird Street 115 Humbird Street 3. NAME OF (First) (Middle) (Lost) 4. DATE (Month) (Dev) (Year) DECEASED CARRIE JANE ATHEY (Type or Print) DEATH Dece. 10 55 6. COLOR OR 5 SEX SINGLE MARRIED 8 DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months Hours Female 1.1883 (Specify) Warried Apr. 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? retired) Housewife Allegany Co. Maryland Own Home W.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hinkle Mary Wagner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or detes of service) None Geo. F. Athey. Cumberland. Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH reconc 120 IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES T 21e. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 21e. INJURY OCCURRED (Yaar) 21f. HOW DID INJURY OCCUR? County Mode (Hour) Whila Not while at work at work 22. I hereby certify that I attended the deceased from Quality to 1955, that I last saw the deceased alive on 19 55 and that death occurred at. MINIAL, CREMATION. NAME OF CEMETERY OR LOCATION (City, town, or county) REMOVAL (SPECIFY) Bur. Park Cumberland. 25. FUNERAL DIRECTOR'S SIGNATURE J. Hafer. Cumberland, Maryland

LISTS CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

11452 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	STATE Maryland county Allegany
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give neerest town)
22 OR and give nearest town) Frostburg (in this place) 4 Mos.	TOWN Route 1 Frostburg
HOSPITAL OR 4 MOS.	Town Route 1, Frostburg,
INSTITUTION OR	ADDRESS
STREET ADDRESS 63 Frost Avenue	
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year) OF
(Type or Print) Clara Brown	Atkinson Dec. 2nd, 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED,	TE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 IF UNDER 1 Hours Months Deys Hours M
Female White (Specify) Widowed Apr	
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if OR INDUSTRY	Maryland USA
retired Housewife Housework 13. FATHER'S NAME	I 14. MOTHER'S MAIDEN NAME
James P. Brown	Christine Hott
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk,) (If Yes, give war or dates of servica)	
None	Mrs.Leslie Brode, Frostburg, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
221V Com hour 1 1000 do	
(,,	nt (hemorrhage) multiple 13 months
ANTECEDENT CAUSE(S) DUE TO	eriosclerosis - advanced 3 years
GIVING RISE TO THE ABOVE CAUSE	CITOSCICIOSIS - advantoca / years
STATING UNDERLYING CAUSE LAST. DUE TO (C) Diabetes Mellit	us Years
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	up Teal o
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY 2
	YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Homa, farm, factory, OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. et work et work	
22 I hereby cartify that I attended the deceased from May	, 19 48 , to Dec . 2, 19 55, that I last saw the decea
alive on Dec	
SIGNATURE	ADDRESS (Streat, city, town, state) DATE SIGN
	Frostburg, Maryland Dec. 2, 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or county) (Stata
Burial 12-4-1955 F'bg.Memo	orial Park Frostburg, Me
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 12. 4 S.S. XUL. Marcey A. R.	Joseph R. Durst, Frostburg, Md
DATE A. A. D. D. MILLING, M.	

BILLISOMBIAS-HELANG OF THE MYSACTO STATE CHALLY SAME HTARO TO EXACIRITE OF COMPA BUREAU V. S.

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death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Joseph R. Durst, Frostburg, Md.

71402 CERTIFICATE OF DEATH

Reg. Dist. No. Item 1. FilmG190 12-21-55 et 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH Allegany Maryland COUNTY MARYLAND (If outside corporete limits, write RURAL CITY (If outside corporete limits, write RURAL end give nearest fown) LENGTH OF STAY end give neerest town Cumber land TOWN TOWN Mt// Savage Mt. Savage HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Sacred Heart Hospital New Row (Middle) 4. DATE (Month) (Day) (Year) (Last) 3. NAME OF DECEASED DEATHDEC (Type or Print) Frances Clara Barrett 19 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR UNDER 24 HRS 5. SEX 6. COLOR OR SINGLE, MARRIED. WIDOWED, DIVORCED RACE Months Hours (Specify) Single 5th, 1892 White August Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT Glenn Sav. Dairy dona during most of working life, evan if Maryland retired) Bookkeeper 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary V. Lucky James E. Barrett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give war or deles of service) (Yes, no, or unk.) Mrs.Arthur Walsh, Mt. Savage, Md. INTERVAL BETWEEN ONSET AND DEATH 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH E/ARS IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING パタルソ TO THE DEATH BUT NOT RELATED TO THE REGURGITATUN TETTES DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY? 196, MAJOR FINDINGS OF OPERATION YES | NO 21c. WHERE DID INJURY OCCUR? (City or town) 21a. ACCIDENT WAS UNDERLYING (County) (State) 21b. PLACE (Home, farm, factory, OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) Whila Not while el work at work , 1955, to 12/14, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from 11/28 alive on 12/14, 19.53, and that death occurred at 2.757M, from the causes and on the date stated above ADDRESS (Street, city, town, stete) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF (Stata) REMOVAL (SPECIFY) Md. St. Patrick's Cemetery Burial 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR: coby certificate

SEASTLAND STATE DEPARTMENT OF HIALTH-PALSIMORS, IN CERTIFICATE OF DEATH CONTRACTOR OF THE CONTRACTOR O

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VS A15C 1-55 10M

11453

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11408

Reg. Dist. No

I. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DE	CEABED	
COUNTY Allegany	MARYLAND	STATE Maryla	and COUNTY	Allegan	У
CITY (II outside corporete limits, write RURAL	LENGTH OF STAY		ta limits, write RURAL an	d give neerest town	1)
OR and give nearest town) 2 TOWN Frostburg,	Lifetime	OR TOWN TOWN	stburg,		0.5.
HOSPITAL OR	DIT C OT MO	STREET	(If rural give	e location)	10000
INSTITUTION OR 6 Chartest C	troot	ADDRESS			
STREET ADDRESS O CHESCHUL S		6 C1	nestnut S		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mon		(Year)
(Type or Print) Eliza	Ellen	Beaver	DEATH DE	c. 1st	19 55
S. SEX 6. COLOR OR 7. SINGLE, MAR		OF BIRTH 9.	AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female White Specify Wil	dowed March	22nd, 1864	91 yrs.	Months Days	Hours Min.
	IND OF BUSINESS	11. BIRTHPLACE (State or loreign	country)		EN OF WHAT
	ousework	Maryland		US	NTRY?
Housewife Housewife Ho	USOWOIN	14. MOTHER'S MAIDEN NA		1 00	. M.
Martin Knepp		Sarah Gow	ers		
	16. SOCIAL SECURITY NO.	17. INFORMANT & AD			
(Yes, no, or unk.) (II Yes, give war or dates of service)		Mrs.David	Kiddy Fr	octhure	МА
	None	TIFICATION	Middy		ERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	Elification			ISET AND DEATH
11.22. IMMEDIATE CAUSE (A)	2 rebral t	I morsha	90	2	- LUKS,
ANTECEDENT CAUSE(S) DUE TO		2.00- t	-J 0- 1		
DISEASES OR CONDITIONS, IF ANY, (B)	11000	accerace	((4 22)	CC"	
STATING UNDERLYING CAUSE LAST. DUE TO	rescula	a dise	Es L	1	0415,
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	6 1 / 2	1			1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Somela	4			
19a. DATE OF OPERATION 19b. MAJOR FINDING	OF OPERATION			2	O. AUTOPSY?
U				YE	NO 🛮
	me, larm, factory, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21d	. INJURY OCCURRED	211. HOW DID INJURY OCCUR?	•		
	work Hot while Hork				
22. I hereby certify that I attended the deco	eased from // -/	, 1923, to 12	-1, 1955	, that I last sa	w the deceased
alive on 12-1, 19-55, an	d that death occurred at	// P. M, from the ca	uses and on the d	ate stated above	ve.
SIGNATURE) /	2		ESS (Street, city, town		DATE SIGNED
8/10 1 x 0:01	M.D.	7207	thurs,	Md,	12-3-55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, fown	, or county)	(State)
Burial 12-4-1955	Frostburg 1	Memorial Park	Frost	burg, M	id.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR'S SI		ADDRES	S
DATE 12-4-55 MIN MALL	W/ N. the	J. R. Durst	. Frostbu	urg. Md.	

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DR. HIMM									leg. Dis		····	
1. PLACE OF DEA					3.345	L RESIDE					,	
COOM	LEGANY		MARY			MARYLA		COUNTY		EGAN'	Υ	
OR end give nee	rporete limits, wn	ite RURAL	LENGTH C		OR TOWN	(If outside corp			ena give ne	eresi iowiij	_ ^	
J JIOMN COMB	ERLAND		1 35		STREET	CUM	BERLAI		ive locetion)		Q d	ngli .
HOSPITAL OR INSTITUTION OR STREET ADDRESS	MEMOR LAI	L HOSPITAL			ADDRE	101	2 ELL	A AVEN			1	
3. NAME OF DECEASED	(First)		(Middle)		(Lest)		- "	DATE (MC		(Dey)	(Yeer	r)
(Type or Print)	AR	THUR	C.	BROW	N	2500		DEATH D			7 19	55
	COLOR OR	7. SINGLE, MARE	RIED,	8. DATE C			9. AGE	est birthday	IF UNDE Months	R 1 YEAR	IF UNDER	24 HRS j Min.
	HITE	(Specify) MA		JAN	UARY 21	, 1904	5	yrs.				
10e. USUAL OCCUPATIO	N (Give kind of	f work 10b. KI	ND OF BUSINE	SS	11. BIRTHPLAC	CE (State or for	reign country	1)	1	COUN		T
Attendant 19	NESvkesv	ille State		tal		YLAND				U.S	5.A.	
13. FATHER'S NAME					14. MOT	HER'S MAIDEN	NAME					
WILLIAM	BROWN				BE	TTY AL	KIRE	3 13				
15. WAS DECEASED EV			6. SOCIAL SE	CURITY NO.	-10 - 10 - 10 - 10	NFORMANT &			360			
(Yes, no, or unk.) (If)	es, give wer or	dates of service)	220-10	0-2461	MEM	ORIAL	HOSPI	TAL - (CUMBER			
I DISEASES OR CONDI	TIONS DIRECTLY	LEADING TO DEATH	18. ME	DICAL CE	TIFICATIO	N		14/19			RVAL BETW	
053.1 IMMEDIA		E.	nphem	Pa Pa	ricus di	to Pe	D. Amia	tio.		3.	day	2
		(A)Y	11-401	100	1			THE P			9	
DISEASES OR CONDITION	NT CAUSE(S)	(B)	bcess	left Kic	ney							
DISEASES OR CONDITION OF THE STATING UNDERLYING	CAUSE LAST.	DUE TO H	Umuno	idmo s	Staph	4 loce	15 Se	ptimer	mia.			
TO THE DEATH BUT NO THE DEATH BUT NO THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO	THE	beles	Helle	is - 1	lincont	nolle					
19e. DATE OF OPERATIO		b. MAJOR FINDINGS	OF OPERATIO	N					No.	YES YES	AUTOPS	
ACCIDENT WAS I	INDERLYING FT	1 21b. PLACE (Hor	na form facto	nry 1	21c. WHERE DIE	INJURY OCC	UR? (City	or town)	(Cos	unty)	(Stete)	
21a. ACCIDENT WAS U OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	CAL EXAMINER)		office bldg., e	tc.)								
21d. TIME OF INJURY	(Month) (Dey)	WI		OURRED lot while twork	21f. HOW DID	INJURY OCC	CUR?				100	
22. I hereby ce	rtify that 1	attended the dece	eased from	Oct	19. 55	5, to	Nov	, 19.5	S, that	I last say	w the dec	ceased
alive on No	v 30	19 1955 an	d that death	ocurred a	5:15. AM	A, from the	causes a	nd on the	date stat	ed abov	e.	,
SIANATURE	4 1	11	1	01	/1	AD	DRESS (Street City, to	wn, state)	11:	DATE SI	CHE
87 Clien	lon or	enemel	WULL	M.D.	33 VIV	almia	We	Cur	usul	uf, M	d de	1.13
23. BURIAL, CREMATIC REMOVAL (SPECIFY		ATE THEREOF	MANE OF	F CEMETERY OR	CREMATORY	1	LOCA	TION (City, to	wn, or coun	TY)		
Burial	De	c. 3, 1955	Alki	re Fami	y Ceme	ery	nea	r Fort	Ashb		Va.	100
24 REC'D BY REGISTRA	- 7	GISTRAR'S SIGNATUR	E / -/	- 10						ADDRESS	1	4
Apa > 10	1	1. 10. 11.	-120.1	111 -/	Tomas	TO C.	Ladense	74 (3)	mharl	and	Marro	ane

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. At certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours. The bottom copy may be retained by the hospital or attending physician. 2

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SIMES CERTIFICATE OF BEATH

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ATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

(Year)

INTERVAL BETWEEN

ONSET AND DEATH

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since

Ano. 76/55

20. AUTOPSY? Yes No No

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(State)

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MEDICAL EXAMINER'S CERTIFICATE DEATH No.

1. PLACE OF DEATH: carefully. The and legibly. COUNTY

information death clearly

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A

Allegany MARYLAND

CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR and give nearest town)
TOWN Cumberland

HOSPITAL OR INSTITUTION OR ASTREET ADDRESS Sacred Heart Hospital 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) TOWN Cumberland

STREET (If rural, give location) ADDRESS

624 Washington St (Middle) (Last) 4. DATE (Month) (Day) (First) DECEASED: Cain DEATH Dec.

Elizabeth (Type or Print) Mary 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 6. COLOR OR 8. DATE OF BIRTH: RACE:

June 9-1872

9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS Months

(Specify) Tid OW female 10b KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILAT INDUSTRX COUNTRY? work done during most of work life, even if rethred in souri for Brooklyn N.Y. 14. MOTHER'S MAIDEN NAME:

13. FATHER'S NAME:

John C. Gillespie

16. SOCIAL SECURITY No .:

Mary Cameron 17 INFORMANT & ADDRESS:

15. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of service)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a).....

Myocardial failure

DUE TO

Antecedent cause(s) Arteriosclerosis (b) Diseases or conditions, if any,

giving rise to the above cause DUE TO stating underlying cause last

INJURY Aug . 16-1955

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. OF street, office bldg., etc., INJURY HOME 21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hoth)

Not while at work

21c. (City or town) (County) Cumberland Allegany 21f. HOW DID INJURY OCCURSITTING

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes [], Accident □, Suicide □, Homicide □, Undetermined cause □. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED SIGNATURE Dec.13-195

H.V.Deming M.D 23. BURIAL, OREMATION, DATE THEREOF REMOVAL (Specify) :

CEMETERY NAME OF

LOCATION (City town, of

(State) DDRESS

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

While at

work [

DEC 16 1955
DEC 16 1955

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11411

11405 CERTIFICATE OF DEATH

			11
leg.	Dist.	No	

1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF DECEASE	D
COUNTY ALLEGANY MARYLAND	STATE PA	COUNTY BEI	FORD
CITY (If outside comparate limits, write PLIRA) LENGTH OF STAY		rete limits, write RURAL and give ne	erest town)
OR end give neerest town) TOWN CLIMBERIAND (in this place)	OR		man of
16 CONDENCTION 1901 THOO	5 IOWN DEDI	OND	5x-3
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rurel give location	
STREET ADDRESS MEMORIAL HOSPITAL	340 W	. PITT ST.	3
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) BABY GIRL	LAVCOND	DEATH 10	
	LAYCONB	2	12 19 55
DACE WINDSHIP DIVORCED			R 1 YEAR IF UNDER 24 HR
FEMALE WHITE WIDOWED, DIVORCED, 12-	11-55	yrs. Months	Days Hous Min
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY		, county,	COUNTRY?
retired) None	Cumberland, M	arvland.	USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN I		
CLAYCOUR LANDON S	9111 15	AM 1	
CLAYCOMB LANDON D. S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	SILL, JE		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yas, no, or unk.) (If Yes, give wer or dates of service)			
No	MEMORIA	L HOBPITAL	
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
O			YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR	? (City or town) (Co	unty) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work.	21f. HOW DID INJURY OCCUP	1.0	
22. I hereby certify that I attended the deceased from	11 10 50. 12	114 105 5.	
The state of the s		19, that	
alive on	at	auses and on the date stat	
SIGNATURE WAS HORSE M.D.	Cumber	Street, dity, town, state)	DATE SIGNE
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town, or coun	ly) (Stata)
REMOVAL (SPECIFY)	7 II 44 - 7	Comband and Mar	
	l Hospital	Cumberland, Mar	
REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
An 14 1955 Muller K. Hante M.	Al Memorial Hosp	tal Cumberland	Maryland.

INSTRUCTIONS
The law requires that the death certificate be executed within

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. As certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

MIANG OFFICATE OF DEATH

	A CONTRACT HOME OF CARE			12160	
	090 7030			ABINE NO AUGUS	
	.70 1715 . 164			3) TINES 1412 A.	
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9			-11-91	571117	
		y			
	JATTA DUBATAL	~			
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SELV ELL	SI				or yellowill Total

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11406 CERTIFICATE OF DEATH

			4
Reg.	Dist.	No	./

		F DEATH				2. USUAL RES	DENCE	(HOME) OF D	ECEASED	
ı	COUNTY	A770	ganv	MAR	YLAND	STATE Mary	-		Alleg	anv
-	CITY (if ou	tside corporate lin	nits, write RURAL	LENGTH	OF STAY			limits, write RURAL e		
C	2 TOWN CI	imberl.	7	70		TOWN CILI	ber!	land, Md.		02
6	HOSPITAL O INSTITUTION STREET ADDR	OR	So. Lit	erty St.		STREET ADDRESS 122	So.	(If rurel give Liberty	The second second	/
**	3. NAME OF DECEASE (Type or Print	D C	First)	(Middle)	Conle	(Last)		4. DATE " (Mor OF DEATH	(Da 2 3	
7	5. SEX	6. COLOR O	R 7. SING	GLE, MARRIED, OWED, DIVORCED,	8. DATE O		9.	AGE lest birthday	Months De	AR IF UNDER 24 HR
	म	W	(Spe	cify) Widowe				77 yrs.		
	10a, USUAL OCC done during retired)	UPATION (Give I most of working	kind of work life, even if	OWN NOME		11. BIRTHPLACE (State of			12. CI	TIZEN OF WHAT
1	I3. FATHER'S NA		110	OWITHOMO		Pittsb	IDEN NAM	E .	1 00	33
	John '	r Pa	arker			Bridg			7777	
	S. WAS DECEA	SED EVER IN U.	S. ARMED FORCES		SECURITY NO.	17, INFORMAN	T & ADDR	ESS		
-	(Yes, po, or unk.)	(If Yes, give v	ver or dates of serv	lco) None		John	r. C	onley I	RP So.	Liberty
	1 DISEASES OR	CONDITIONS DI	RECTLY LEADING T	O DEATH	MEDICAL CER		4	^		INTERVAL BETWEEN
	15/X IN	MEDIATE CAUSE	(A)	Ca	sens	ma, s	Hom	reh		
ľ	ANT	ECEDENT CAUSE	(S) DUE TO			1 - 8				
	DISEASES OR CO	THE ABOVE C	ANY, (B)							
			(C)							
			NS CONTRIBUTING		EDG T		1			
3	1 OTHER SIGNIFI	CANT CONDITIO BUT NOT RELAT ONDITION CAUS	ED TO THE							
1	OTHER SIGNIFI TO THE DEATH DISEASE OR CO	BUT NOT RELAT	ED TO THE ING DEATH.	FINDINGS OF OPERA	IION					20. AUTOPSY?
1 2 2	OTHER SIGNIFITO THE DEATH DISEASE OR CO Pa. DATE OF OIL DISEASE OR CONTRIBUTING OR CONTRIBUTING	BUT NOT RELATION CAUSE PERATION WAS UNDERLYING CAUSE OF DE	IED TO THE ING DEATH. 19b. MAJOR 19 21b. PL DEATH OF INJU	FINDINGS OF OPERA. ACE (Home, farm, fe JRY street, office bldg.,	ctory. 2	1c. WHERE DID INJURY (OCCUR? (City or town)	(County)	20. AUTOPSY? YES NO (State)
	OTHER SIGNIFI	BUT NOT RELATION CAUSE PERATION WAS UNDERLYING CAUSE OF D MEDICAL EXAM	IED TO THE ING DEATH. 19b. MAJOR 19	ACE (Home, farm, fe JRY street, office bldg., our) 21e. INJURY O	ctory, 2 etc.)	1c. WHERE DID INJURY (City or town)		YES NO
	TO THE SIGNIFI TO THE DEATH DISEASE OR CO 19a. DATE OF OI 21a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF) 21d. TIME OF INJ	BUT NOT RELATION CAUSE PERATION WAS UNDERLYIN G CAUSE OF D MEDICAL EXAM URY (Month)	ED TO THE ING DEATH. 19b. MAJOR 19b. MAJOR 21b. PL 21	ACE (Home, farm, fe JRY street, office bldg., our) 21e. INJURY O While M. at work	ctory, 2 etc.) CCURRED Not while et work	21f. HOW DID INJURY ((County)	YES NO (State)
_	11 OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19a. DATE OF OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIF) 21d. TIME OF INJ	BUT NOT RELATION CAUSE PERATION WAS UNDERLYIN CAUSE OF D WAS CAUSE OF D WAS UNDERLYIN WAS U	ED TO THE ING DEATH. 19b. MAJOR 1G 21b. PL DEATH OF INJU INER) (Peer) (H at I attended	ACE (Home, farm, fe IRY street, office bldg., our) 21e. INJURY O While M. at work	ctory, etc.) 2 CCURRED Not while et work	21f. HOW DID INJURY (occur?	, 3, 19.55	(County)	YES NO (State)
	11 OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19a. DATE OF OI 21a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF) 21d. TIME OF INJ 22. I hereb alive on	BUT NOT RELATION CAUSE PERATION WAS UNDERLYIN G CAUSE OF C MEDICAL EXAM URY (Month) y certify th	ED TO THE ING DEATH. 19b. MAJOR 1G 21b. PL DEATH OF INJU INER) (Peer) (H at I attended	ACE (Home, farm, fe IRY street, office bldg., our) 21e. INJURY O While M. at work	ctory, etc.) 2 CCURRED Not while et work	21f. HOW DID INJURY (occur?	3 1955 es and on the c	(County)	YES NO (State) Saw the decease pove.
1 2 0 0	TO THE SIGNIFI TO THE DEATH DISEASE OR CO 198. DATE OF OR 218. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF) 21d. TIME OF INJ	BUT NOT RELATION CAUSE PERATION WAS UNDERLYIN G CAUSE OF C MEDICAL EXAM URY (Month) y certify th	ED TO THE ING DEATH. 19b. MAJOR 1G 21b. PL DEATH OF INJU INER) (Peer) (H at I attended	ACE (Home, farm, fe IRY street, office bldg., our) 21e. INJURY O While M. at work	CCURRED Not while et work the occurred at.	21f. HOW DID INJURY (the cause	3 1955 es and on the c	(County)	YES NO (State)
1 2 0 (1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	I OTHER SIGNIFI TO THE DEATH DISEASE OR CO 9a. DATE OF OI OR CONTRIBUTING ILE EITHER, NOTIFY 22. I hereb alive on SIGNATE 03. BURIAL, CRE	BUT NOT RELATION CAUSE PERATION WAS UNDERLYING CAUSE OF D MEDICAL EXAM URY (Month) Ty certify the MATION,	ED TO THE ING DEATH. 19b. MAJOR 1G 21b. PL DEATH OF INJU INER) (Peer) (H at I attended	ACE (Home, farm, fe IRY street, office bldg., our) 21e. INJURY O While at work the deceased from and that dea	CCURRED Not while et work the occurred at.	21f. HOW DID INJURY (, 1955, to 16:45AM, from	the cause	3 1955 es and on the c	(County), that I last date stated at n, state)	YES NO (State) Saw the decease pove.
19 21 20 (II 21	I OTHER SIGNIFI TO THE DEATH DISEASE OR CO DO. DATE OF OIL IB. ACCIDENT V R CONTRIBUTING F EITHER, NOTIFY Id. TIME OF INJ 12. I hereb alive on SIGNATE	BUT NOT RELATION CAUSE PERATION WAS UNDERLYING CAUSE OF D MEDICAL EXAM URY (Month) Ty certify the MATION,	ING DEATH. 19b. MAJOR IG 21b. PL SEATH OF INJUINER (Dey) (Yeer) (H	ACE (Home, farm, fe RY street, office bldg., our) 21e. INJURY O While M. at work the deceased from and that dea	CCURRED Not while et work the occurred at. M. D. CF CEMETERY OR	21f. HOW DID INJURY (, 1955, to 16:45AM, from	the cause	3 1955 es and on the cost (Street, city, tow	(County), that I last date stated at n, state)	Saw the decease ove. DATE SIGNE (State)

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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11407 CERTIFICATE OF DEATH

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				. /
Don	Dist.	No	6	4
Reg.	DIST.	MO.	 	6

1. PLACE OF DEATH		I 2. USUAL RESIDE	NCE (HOYE) OF F	FCFAGES	
			NCE (HOME) OF D	ECEASED	
COUNTY Allegany	MARYLAND	STATE Md.	COUNTY	Allegar	
CITY (Il outside corporate limits, writa RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (II outside corp	orete limits, write RURAL	and give nearest town)
O TOWN Cumberna nd	lin mis proces	TOWN Cumb	erland .		00.
HOSPITAL OR		STREET	(If rurel gi	ve location)	4
INSTITUTION OR STREET ADDRESS Sagrad Heart Hos	not bear	ADDRESS 650	Fayette St		
Dacted Heat o wor	pital				
3. NAME OF (First) DECEASED	(Middla)	(Lest)	4. DATE (Mo		(Yaer)
(Type or Print) Rex Le	Clare Cop	pe	DEATH D	ec. 26	1955
5. SEX 6. COLOR OR 7. SINGLE, MA	RRIED, 8. DATE C	OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HR
RACE WIDOWED, (Specify) M	arried 11/2	3/1891	64 yrs.	Months Days	Hours Min.
1010	KIND OF BUSINESS			1 10 21777	N OF WHAT
done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (State or for			TRY?
ratired) Inspector St.	Roads.Comm.	Penna.	DuBois	U.	, S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Ilmer Cope (Deceased)		Julia (The	mnson)	(Deceas	ed)
Ilmer Cope (Deceased) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &		,	
(Yes, no. or unk.) (If Yes, give wer or dates of service)			10	2 Fayette	
No.	214-07-3063	WifeCha	rt Mrs. Gen	evieve Cop	DE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CER	RTIFICATION	0		RVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT		100	A.	ON	SEI AND DEATH
153 X IMMEDIATE CAUSE (A)	1 como	n // C	run	U U	Jenny,
ANTECEDENT CAUSE(S) DUE TO				0	
DISEASES OR CONDITIONS, IF ANY, (B)					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO					
(C)					
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
198. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20	D. AUTOPSY?
0				YES	□ NO □
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Ho		21c. WHERE DID INJURY OCC	JR? (City or town)	(County)	(Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY stree	t, office bldg., atc.)				
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 2		21f. HOW DID INJURY OCC	JR?		
	/hila Not while at work				
	1/2	- 17-1	00 36 - 1-		
22. I hereby certify that I attended the dec			4, 19 1		
alive on 19, 19, an	nd that death occurred at	M, from the	causes and on the	date stated abov	е.
SIGNATURE ()		ADE	RESS (Speet, city, toy	(p, stote)	DATE SIGNE
B. M. Someller	Mrs M.D.	+1 mel	I led	I Mrs	1/1/1:
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)	(State)
REMOVAL (SPECIFY)					
Burial 12/28/55	IS. S. Peter	& Pauls Cem.	I Cumberlan	d Md	
REC'D BY REGISTRAR REGISTRAR'S SIGNATU	KE 1	25. FUNERAL DIRECTOR'S		ADDRESS	
2010 28. 1955 Milles	Trains, M.D.	Charles L. (George Cumb	erland, Mo	i.

CERTIFICATE OF DEATH

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BUREAU V. S.

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INSTRUCTIONS

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	T T	7	1	ì
Dist.	No.		4	

1. PLACE OF	DEATH		1 2	. USUAL RESIDEN	ICE (HOME) OF DECE	EASED
COUNTY	ALLEGANY	MARYL	AND	STATE MARYLA	AND COUNTY AL	LEGANY
CITY (If outs	ide corporate limits, writa RURA ve nearest town)		F STAY	CITY. (If outside corpo OR	rete fimits, write RURAL and gi	
02 TOWN	CUMBERLAND		HRS.		ERLAND	
HOSPITAL OR INSTITUTION OF STREET ADDRE	SS MEMORIAL HOS	PITAL		ADDRESS 703 EI	(If rural give for	
3. NAME OF DECEASED		(Middle)	(La		4. DATE (Month)	(Day)
(Typa or Print) S. SEX 1	JOHN 6. COLOR OR 7. S	INGLE, MARRIED,	COUTES		9. AGE last birthday IF	MBER 12,
MALE	RACE V	VIDOWED, DIVORCED, Specify) MARRIED	SEPTE	1019		onths Days F
10a. USUAL OCCU	IPATION (Give kind of work	I 10b. KIND OF BUSINES		BIRTHPLACE (State or forai		12. CITIZEN O
	nost of working life, evan if ill—Wright	B. & O. RR.		MARYLAND		U.S.A.
13. FATHER'S NAM	ME		,	14. MOTHER'S MAIDEN	NAME	
	GE COUTER				GARET REID	
	ED EVER IN U. S. ARMED FOR (If Yes, give war or dates of s			17. INFORMANT & A	ADDRESS MEMORIAL I	HOSPITAL
(Yas, no or unk.)	(ii res) give not or date	AND PROPERTY AND AND AND		MEMOR	RIAL AND WARW	ICK AVENUE
I DISEASES OR C	ONDITIONS DIRECTLY LEADIN		DICAL CERTIF	ICATION		ONSET A
443XIM	MEDIATE CAUSE (A)	Congs	stue de	art Jalu	ne - Mente	10
	ECEDENT CAUSE(S) DUE T	0 11 1	1. A.	da la la	Namic -	Yea
DISEASES OR CO	THE ABOVE CAUSE DUE T	Hy per Hu	your ca	uno vinaja	V Macase	100
STATING UNDERLY	YING CAUSE LAST, DUE T	Chro	vic Mys	adites		
II OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUT	ING	J			
DISEASE OR CO	NDITION CAUSING DEATH					
19a. DATE OF OPE	KATION 196. MAJ	OR FINDINGS OF OPERATION	N			YES
OR CONTRIBUTING	AS UNDERLYING 21b. CAUSE OF DEATH OF II MEDICAL EXAMINER)	PLACE (Home, farm, factor NJURY street, office bldg., atc	£.j	WHERE DID INJURY OCCUI		(County)
21d. TIME OF INJU	JRY (Month) (Day) (Year)		t while	HOW DID INJURY OCCU	27	
			work	54	000 150-	
	certify that I attende			. 19.52	ec , 19 55	rnar I last saw th
alive on	REA 19.5	and that death	occurred at:2	ADD	RESS (Street, city, town, st	stated above.
591	Mileston He	runullelle	Vun 122	Wikaena/	In Cumling	au, 12
alive on signatu	Juleton He	runelelle 7	M.D. 33	Virgengle	RESS (Street, city, town, st	hul,
23. BURIAL, CREM	AATION, DATE THER	EOF NAME OF	CEMETER! OF CHE	MAIORI /	LOCATION (City, lowin, or	county,

ST REPART AND STATE DEPARTMENT OF REALTH-BALTIMOBE, 18

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PLEASE	-

VS. A15A - 5 - 53

11459 MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 11415 Reg. Dist.	
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No.	3
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Allegary MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATEMINNESOTA COUNTY CITY (If outside corporate limits write RURAL and give nearest	Assemb
OR and give neared towe (in this place) TOWN ural Cumberland, Ld.	TOWN Minneapolis 60x-3	3
HOSPITAL OR INSTITUTION OR STREET ADDRESS TOWN Hill Route 40	STREET (If rural, give location) ADDRESS 3754 Edmund Blvd.	V
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)	~ ~
(Type or Print) Robert Miller	DEATH Dec. 5 19	55_
male white (Specify): Aug Aug	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 26-1933 22 yrs. Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, Meven if religible p	1 St. Cloud, Minn. U.S.A.	
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Leslie H.Dahl	Irehe Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Leslie H.D. hl	
Yes service) 1954 &55 471-30-2350	(father) Minneapolis, Minn.	
18. MEDIC I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION INTERVAL I	BETWEEN
	ONSET AND	
Immediate cause (a) Intracranial her	orrhage sudd	en
Antecedent cause(s) Diseases or conditions, if any, (b) fractured skull	also had fractured right femur	
giving rise to the above cause DUE TO		**********
	and lacerations of scalp.	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTO	
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory	(Town Hill) Yes□ 7, 21c. (City or town) (County) (State)	No []
PRIMARY OF CONTRIBUTING OF Street, office bldg etc	" Cumberland Allegany Md.	-
21d. TIME (Month) (Day) (Year) (Hold) 21e. INJURY OCCURRED While at work ☐ 1NJURY Dec. 5-1955 Am. work ☐ at work ☐	auto hit guard rails thrown out	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes [], Acci	dent , Suicide , Homicide , Undetermined car CHIEF MEDICAL EXAMINER DATE SI	
H.V. Deming M.D. H V. Daming M.D.	M. D. DEPUTY MEDICAL EXAMINER Dec. 5-1	1955
REMOVAL (Specify): 12/8/55 / Maria M	menul Josh. Minnespolis Manna	State)
REG 5, 1955 Phus & Sender.	of mis Slein Inc Cumb MC	U.SS
	Stein	

BUREAU V. S. BUREAU V. S.

11409 CERTIFICATE OF DEATH Film

		Application of the Prince of	-3101. 1.	lo7
1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY Allegany MARYLAND	STATE Marvla	nd county	Alleg	gany
CITY (II outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (In this place)	CITY (II outside corpora			lown)
TOWN Cumberland Lifetim		rland, Ko		>
INSTITUTION OR	STREET ADDRESS R F T	(Il rural give).#I LaVal	ve locetion)	2 1
STREET ADDRESS Wemorial Hospital (D.O. 3. NAME OF (First) (Middle)	(Last)	4. DATE (Mor	,	
(Type or Print) Deborah Sue	Dean		I2-29-5	
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DA		. AGE lest birthdey	IF UNDER 1 YE	19
RACE WIDOWED, DIVORCED.	7-54	I yrs.		eys Hours A
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or loreig			ITIZEN OF WHAT
done during most of working life, even if retired) None None	Cumberland,	Md.	US	OUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN N		44.5	
Milford Dean	Philos Mc	Carty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.				
(Yes, no or unk.) (If Yes, give wer or dates of service) None	Milford D	ean R.F.	D.#I L	aVale Mo
	on alle to	US DIPATI	on	
GIVING RISE TO THE ABOVE CAUSE	on due to	us pirati	on	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		us pirati	on	
DISEASE OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Enferifs		us pirafi	on	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		uspirafi	on	20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING 1 216. PLACE (Home, farm, factory.			(County)	20. AUTOPSY? YES NO [(Slate)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR	(City or town)	(County)	YES NO (State)
DISEASE OF CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 218. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	on tents	(City or town)		YES NO (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 218. ACCIDENT WAS UNDERLYING 196. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While M. at work at work	21c. WHERE DID INJURY OCCUR:	(City or town)	(County) Alleg	YES NO (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING 196. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21c. WHERE DID INJURY OCCUR: 21l. HOW DID INJURY OCCUR: 4	(City or town)	(County) Allega	YES NO (State)
DISEASE OR CONDITIONS, IF ANY, (B) STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING (CONTRIBUTING OF INJURY Street, office bidg., etc.) 21a. ACCIDENT WAS UNDERLYING (CONTRIBUTING OF INJURY Street, office bidg., etc.) 21b. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.) 21c. INJURY OCCURRED While of work 22c. I hereby certify that I attended the deceased from the stwork 22d. I hereby certify that I attended the deceased from that death occurred signature 33. BURIAL CREMATION. DATE THEREOF	21c. WHERE DID INJURY OCCUR: 21l. HOW DID INJURY OCCUR:	(City or town)	(County) Alleg:, that I last date stated a m, state)	YES NO (State) Any I saw the decea bove.
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PHYSICIAN OR HOSPITAL: The law requires that the death certificate be INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

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STATE CERTIFICATE OF PEATH

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ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

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Ellsworth S. Boal, Westernport, Maryland.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 10.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and complement filed in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11418

11454 CERTIFICATE OF DEATH

Reg. Dist. No. 9

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Burial 12-8-1955 F'bg. Memorial Park Frostburg,	,
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11411 CERTIFICATE OF DEATH

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ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

REALTHAND STATE DEPARTMENT ON HEALTH-DALTHMORE, TH

CERTIFICATE OF DEATH

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72 hours after death. After this director, the third copy of this ATTENDING PHYSICIAN OR HOSPITAL. The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11455 CERTIFICATE OF DEATH

11420

		1
Reg.	Dist.	No. 6

I TENDE OF BEATTI		Z. USUAL RESIDERO	E (HOME) OF DE	CEASED	
COUNTY Allegany	MARYLAND	STATE -aryla	nd county	Allegan	V
CITY (If outside corporata limits, writa RURAL	LENGTH OF STAY	CITY (If outside corpora	ta limits, writa RURAL an	d give nearast town)
OR and give nearest town)	(in this placa)	OR TOWN Waste	******************************		1/4
43 TOWN We sternport	151 years	STREET	rnport (If rural give	· Insetinal	
INSTITUTION OR		ADDRESS	. (ii rurai give	i location)	
STREET ADDRESS 101 Howard St		101	Howard St		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mont	h) (Day)	(Yaar)
(Type or Print) George	El	lis	OF DEATH De	c 19	19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV	ED, 8. DATE C	F BIRTH 9.	AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male White (Spacify) Wic	lower 27	c 1881	73 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, aven if OR	D OF BUSINESS	11. BIRTHPLACE (State or foreign	country)		N OF WHAT
ratical) 7 5 7 1	0:	C:		COUN	HKY?
13. FATHER'S NAME	cery Store	Syria 14. MOTHER'S MAIDEN NA	AAF	1 05	
		THE THE THE THE THE			
Juad Ellis		Unknown			
	SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	1 Howard	a St
(Yas, no, or unk.) (If Yas, giva war or datas of servica)	None	Poland G.		esternno	
	18. MEDICAL CER	TIFICATION	Dills,		RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 1 1	11 /		ONS	SET AND DEATH
33/X IMMEDIATE CAUSE (A)	Cerebro	Hemorrhoe	30	15	Minute
ANTECEDENT CAUSE(S) DUE TO	1		j	,	1.4
DISEASES OR CONDITIONS, IF ANY, (B)	torio-sclo	rosis and H	upertens	160 2	Years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			10		
(C)					
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1/1. 11	1)		,	11
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	-Ostatic Hi	MASSITICIAN		1	rest
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION	1) 1/1	-	20	AUTOPSY?
None	4-			YES	
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY straet, c (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., etc.)	TIC. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Stata)
	INJURY OCCURRED	21f. HOW DID INJURY OCCUR?			
Whil	a Not whila	zii. Hew bib irdokt occok:			
M, at w					
22. I hereby certify that I attended the decea	sed from The 1	, 19.55 , to D4	C. 19, 1955	, that I last say	w the deceased
alive on Dec. 14 , 19.55 , and	that death occurred at	4: 45/2 M. from the car	ises and on the di	ate stated above	
SIGNATURE 100			SS (Streat, city, town		DATE SIGNED
Routh Milm	M. D.	Producat	W.Va	Dec	20 1955
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	, or county)	(Stata)
Burial 12-21-55	St Potone	Cemetery V	Vesternoo	EN to	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	St. Peters	1 25. FUNERAL DIRECTOR'S SIG		ADDRESS	
DATE /2 21 55 Mes 0.	0 11 00	EV. 12,000	/		767
DATE / d 2 33 / pus from (Rella	0 000	West	ternnort	. Md.

BY BROWN JAR-HYJARS TO TRUNT BATTO PENTS CHALFOAR

CERTIFICATE OF DEATH



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Reg.	Dist.	No.	4

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the death certificate be executed within 24 hour NSTRUCTIONS ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physicians.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. INSTRUCTIONS The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11422

CERTIFICATE OF DEATH 11412

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF	ECEASED		
COUNTY Allegany	MARYLAND	STATE Md.	COUNTY	Alle	ranw	
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpore		end give neeres	it town)	
OR end give neerest town) 2 Town Frostburg	(in this plece) 5 days	OR TOWN				V
HOSPITAL OR	5 days	STREET POS	burg t	ive location)		<u> </u>
INSTITUTION OF		ADDRESS	(ii rurai g	ive locellon,		1
STREET ADDRESS Miners Hospital		R.D. #	. Vale	Summit		- 2.3
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Mc	inth) (Dey) (1	Yeer)
(Type or Print) ANDREW	HENRY	FINN	DEATH .	10	28 1	955
5. SEX 6. COLOR OR 7. SINGLE, MARR	IED, 8. DATE O		AGE lest birthdey	IF UNDER 1		ER 24 HRS
RACE WIDOWED, DI	VORCED,	7.0 7.074		Months	Deys Hour	rs Min.
M (Specify) W1			81 yrs.			1
done during most of working life, even if Of	ND OF BUSINESS	11. BIRTHPLACE (Stete or foreign	country)	12.	COUNTRY?	/HAT
retired) Store Room Clerk E	8 & O R.R.	Vale Summit.	Ma		IT S A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			U & LJ & E	-
James Finn		T				
	S. SOCIAL SECURITY NO.	Jeanette Ha	BARRE			
	S. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRES 183 Med	chanic	St.,	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	None	Joseph Fir	n Frost	burg.	Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE		-		INTERVAL BE	
Dr.	1. Agaid.	1) = 211	0/	-	ONSET AND	
422,2 IMMEDIATE CAUSE (A)	your	as many	uccen	cy	14.00	
ANTECEDENT CAUSE(S) DUE TO	1.40	10		/	17	
DISEASES OR CONDITIONS, IF ANY, (8)	need ?	accioning			-	
GIVING RISE TO THE ABOVE CAUSE DUE TO						
(C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH.						
19e. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION				20. AUTO	PSY?
					YES	NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR?	(City or town)	(County)) (St	ete
	INJURY OCCURRED	21f. HOW DID INJURY OCCUR?				
M. et w	le Not while ork			-		
	112	IC IN Allen	20 .1			
22. I hereby certify that I attended the dece		2	28,1933			deceased
alive on ACC 26, 19.3, and	that death occurred a	1.0,50 M, from the car	uses and on the	date stated	above.	
SIGNATURE		ADDRI	SS (Street, city, to	wn, stete)	DATE	SIGNED
Woll three	M. D.	1-12160	us mil	S	er 301	1955
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATION	LOCATION (City, toy	vn, or county)	1	(Stete)
REMOVAL (SPECIFY)			The 1.2			
Burial 12-31-55 24. REC'D BY REGISTRAR L. REGISTRAR'S SIGNATURE	St. Michae	ls Catholic	Frostbur		DDFCC	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SI	GNATURE 23	E. Ma	MORE 22	
100: 4 - 11		to it I make		Tie Mit.	LII	

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BUREAU V. S.

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Physicians:

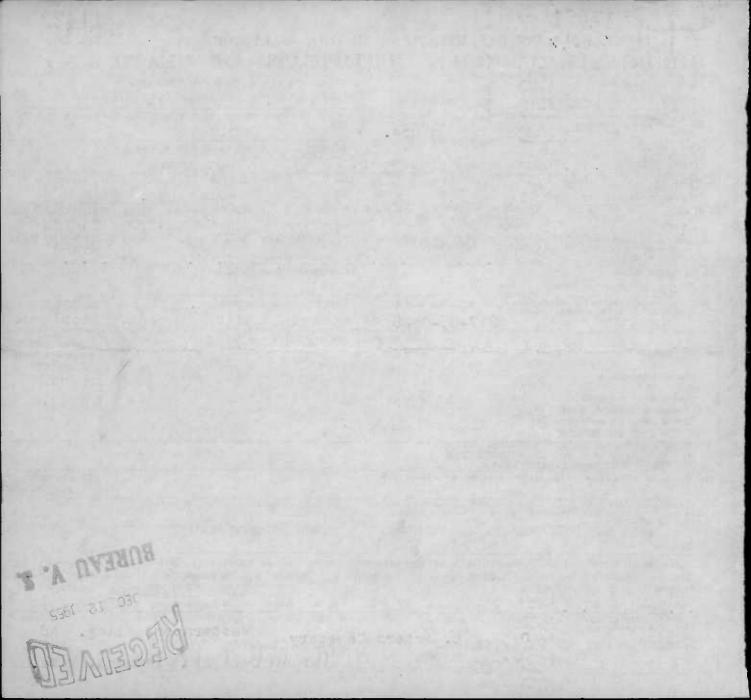
especially important.

13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 6
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Allegany Maryland	STATE Md. county Allegan	У .
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		give nearest town)
OR and give nearest town) TOWN LUKE (in this place) On To	Town Westernport	11.3
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Va. Pulp & Paper Co. Plan	STREET (If rural, give location) ADDRESS 513 B. Md. Ave.	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) Joseph P. Fr	cancis Dec. 7	19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED,	TE OF BIRTH: 9. AGE last birthday: IF UNDER I YE	
Male white (Specify) married Apr	il 27-1907 48 yrs. Months Day	Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS (OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
work done during most of work life, INDUSTRY: Paven if retired in Va.P. P.Co.	Westernport Md. U.	S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph Francis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Dr. Best & Ja	cobson ala
service) 217-05-04-28	Memorial Hospital Records, Cu	mberland,
18. MEDIO	CAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
430./ Coronary occl	usion	sudden
Immediate cause (a)		about 5
Antecedent cause(s) Chronic myocar	editia with	
Diseases or conditions, if any, (b)	CLOTS WIGHT	years.
giving rise to the above cause DUE TO		
stating underlying cause last (c) Coronary Scler	osis.	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No 🖫
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., et INJURY	c.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	
INJURY M. work at work		v , ale .
22. I hereby certify that I took charge of the remains descr	ibed above, held an Autopsy [], Inspection [],	Inquiry [], and
find that death resulted from: Natural causes * Acc SIGNATURE	CHIEF MEDICAL EXAMINER	DATE SIGNED
Ida in	DEPUTY MEDICAL EXAMINER	ec.7-1955
H. V. Deming M.D. JY. V. Doming M. D.		
REMOVAL (Specify):	ERY OR CREMATORY LOCATION (City, town, or cou	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATUREV	Cemetery Westernport Alle	ADDRESS
REG -9-55 Mrs for C. Kelly	W. Garald-tredlack Piedmont	W.Ba.



ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death-certificate be The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

11424 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

CERTIFICATE OF DEATH 11413

	ERTIFICATI	OF DEAL	Reg. Di	ist. No
1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECEAS	ED
COUNTY ALLEGANY	MARYLAND	STATE MARYLANI	COUNTY ALL	EGANY
CITY (Il outside corporata limits, write RURAL OR end give nearest town)	LENGTH OF STAY (in this pleca)	CITY (Il outside corporete il OR	imits, write RURAL end give r	secrest town)
02 TOWN CUMBERLAND.	10 DAYS	TOWN CUMBER	RLAND	
HOSPITAL OR INSTITUTION OR MEDORIAL HOSP	ITAL	STREET ADDRESS 1015 BE	(II ruret give locetion EDFORD ST.	n)
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey)
(Type or Print) RALPH		GANTT	DEATH DEC.	13.
MALE WHITE (Spec	LE, MARRIED, S. DATE CO. WED, DIVORCED, ify) MARRIED	NOV. 9 1889	66 yrs. Months	
10e. USUAL OCCUPATION (Giva kind of work done during most of working life, even if ratired) Setting Monuments	Nomument Dealer	11. BIRTHPLACE (State or loraign of Frostburg MARYL.) 14. MOTHER'S MAIDEN NAM	AND	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
GANTT, CONRAD		PARKER, RA	ACHEL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unk.) (II Yes, give wer or dates of sarvio			MEMORIAL HOS	
332 X IMMEDIATE CAUSE (A)	BICONCHO	PNEUMONI	Day J	4 day
DISEASES OR CONDITIONS, IF ANY, (B)	1191031931	recoul	very to	100
GIVING RISE TO THE ABOVE CAUSE DUE TO (C)	Cerebral 7	thrombosis		10 d
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Certenoscles	thrombosis rosis gen	eval	10d
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	, , ,		eval	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR F	Cirtenoscles		eval City or town) (Co	YES
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR IS OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Ho	FINDINGS OF OPERATION ACE (Homa, ferm, fectory, ey-street, office bldg., etc.)	osis gen	Eval City or town) (Co	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FOR CONTRIBUTING CAUSE OF DEATH OF INJURY (Month) (Day) (Year) (Ho 1) 21d. TIME OF INJURY (Month) (Day) (Year) (Ho 2) 22. 1 hereby certify that I attended the alive on 100 causes of Death Contributions (Month) (Day) (Year) (Ho 2)	CLITEURS CLEY FINDINGS OF OPERATION ACE (Homa, ferm, fectory, average, offica bidg., etc.) FINDINGS OF OPERATION ACE (Homa, ferm, fectory, average) ACE (Homa, ferm,	216, WHERE DID INJURY OCCUR? (1) 216, HOW DID INJURY OCCUR? 19 37, to Dec. 19.21.2P.M, from the cause	/3., 1955., that	YES (S
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FOR CONTRIBUTING CAUSE OF DEATH OF INJURY (Month) (Day) (Year) (Ho 1) 21d. TIME OF INJURY (Month) (Day) (Year) (Ho 2) 22. 1 hereby certify that I attended the alive on 100 causes of Death Contributions (Month) (Day) (Year) (Ho 2)	FINDINGS OF OPERATION ACE (Homa, ferm, fectory, RY street, office bidg., etc.) FULL 21e, INJURY OCCURRED Not while at work a	21c, WHERE DID INJURY OCCUR? (1) 21f. HOW DID INJURY OCCUR? (1	13., 19.5, that	YES (S

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CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11414

CERTIFICATE OF DEATH

1. PLACE OF	DEATH		2, US	UAL RESIDENC	E (HOME) OF DE	CEASED
	ALLEGANY	MARYLAND	STA			ALLEGANY
OZTOWN CI	de corporete limits, write RURA e nearest town) UMBERLAND	LENGTH OF STA (In this piece) 35 MINU	TES OR TO	WN CORRI	GANSVILLE	nd give neerest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	S MEMORIAL &	WARWICK AVES.,		DRESS	(If rurel giv	e location)
3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) ELIZABETH	(Lost) GOLDE	EN	4. DATE (Mon	CEMBER 8
5. SEX FEMALE	RACE V	VIDOWED, DIVORCED,	DATE OF BIRTH	9.	AGE lest birthday	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUP done during mo ratirad & W	ATION (Give kind of work	OR INDUSTRY	11. BIRYH	PENNA	country)	12. CITIZEN
13. FATHER'S NAM	WEST	SMITH	14. N	RACHAEL WA	100	owser
15 WAS DECEASED	EVER IN U. S. ARMED FOR (If Yes, give wer or detes of s		NO. 17	INFORMANT & ADD	Pean &	Golden (
11201	ONDITIONS DIRECTLY LEADIN EDIATE CAUSE (A)	G TO DEATH CENTER C	oron ar	ocel	usuin	INTER
ANTEC DISEASES OR CON GIVING RISE TO TI STATING UNDERLYI	HE ABOVE CAUSE ING CAUSE LAST. DUE T	1 styzet tensu	u (and	Vamla	~ Oisean	e ye
TO THE DEATH BU	(C) ANT CONDITIONS CONTRIBUT UT NOT RELATED TO THE IDITION CAUSING DEATH.	ING UL TUUS	genus			
19a. DATE OF OPER	TATION 196. MAJ	OR FINDINGS OF OPERATION				20. YES
21e. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH OF IT	PLACE (Home, ferm, factory, NJURY street, office bldg., atc.)		DID INJURY OCCUR?	(City or town)	(County)
21d. TIME OF INJUR	Y (Month) (Day) (Year)	(Hour) 21e. INJURY OCCURRED While Not while at work et work		DID INJURY OCCUR?		B s milios
22. I hereby	Certify that I attended	d the deceased from.	ul , 19	55, 10 De		, that I last saw late stated above

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

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MARY LAND STATE DEPARTMENT OF REALTHLANDIES 19.

CERTIFICATE OF DEATH

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BUREAU V.

DEC 14 1955

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

CERTIFICATE OF DEATH 11462

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF D	ECEASED	
county Allegany	MARYLAND	STATE Marvlas	nd county	Allegany	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (II outside corporet	e limits, write RURAL	end give neerest town)
OR end give neerest town) TOWN Rural Flintstone	(in this place)	OR TOWN Dance 1	lintstone	1100000	V
HOSPITAL OR		STREET		ive location)	
INSTITUTION OR		ADDRESS	(ii fotor gi	, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS R.D. # 2		R.D.	2.		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mo	onth) (Dey)	(Yeer)
Character D. Carl	len Gordo	n	DEATH	Dec. 17	19 55
5. SEX 6. COLOR OR 7. SINGLE, MA	ARRIED, 8. DATE		AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS
	DIVORCED,			Months Deys	Hours Min.
	KIND OF BUSINESS	1875 11. BIRTHPLACE (State or foreign	80 Yrs.	1	EN OF WHAT
done during most of working life, even if	OR INDUSTRY		With the same		NTRY?
retired) O SeWiie	wn Home	Bedford Co. Per	ina.	A 10 10 10 10 10 10 10 10 10 10 10 10 10	U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE		
Martin I. Wilson		Emily Benner	F-+-		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	1 17, INFORMANT & ADI			
(Var. no. or unk.) (If Var. oive were or deter of require)	The second second			4 104 . 1 1	
440	3,70,220	Martin M. (orden kt.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA		RTIFICATION	4 1		SET AND DEATH
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GIVING RISE TO THE ABOVE CAUSE	11 11		//	1	
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
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OR CONTRIBUTING CAUSE OF DEATH OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER)	et, office bldg., etc.)				
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	While Not while I				
		1: 15 5 157	111/11		
22. I hereby certify that I attended the de		, ,		, that I last sa	
	nd that death occurred a	it 6:00 AM, from the cau			
SIGNATURE	Adams.	ADDRE	SS (Street, city, to	wn, stete)	DATE SIGNED
	M.D.				
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, tov	vn, or county)	(Stete)
REMOVAL (SPECIFY) Burial 12-19-1955	Omnon Mana	(VAIS-	11 174		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU		1 25. FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS	
1) 11.	R				
SBC. 19, 1955 lune 7.	Dender	Charles L. Geo	rge Cumb	"rland, Md.	-

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Sale Sale Land

ALLE AND DEPOSE

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this ATTENDING PHYSICIAN OR HOSPITAL. The law requires that the death certificate be executed within 24 hours after to The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

INSTRUCTIONS

11415

CERTIFICATE OF DEATH

Reg.	Dist.	No	

COUNT Allegany MARYLAND CITY (If outlide corporate limit), write RURAL or given research town) CITY (If outlide corporate limit), write RURAL or given research town) COUNTY Allegany CITY (If outlide corporate limit), write RURAL or given research town) COUNTY Allegany CITY (If outlide corporate limit), write RURAL or given research town) COUNTY Allegany CITY (If outlide corporate limit), write RURAL or given research town) COUNTY Allegany CITY (If outlide corporate limit), write RURAL or given research town) COUNTY Allegany CITY (If outlide corporate limit), write RURAL or given research town) COUNTY Allegany CITY (If outlide corporate limit), write RURAL or given research town) COUNTY Allegany CITY (If outlide corporate limit), write RURAL or given research town) COUNTY Allegany CITY (If outlide corporate limit), write RURAL or given research town) COUNTY Allegany CITY (If outlide corporate limit), write RURAL or given research town) COUNTY Allegany CITY (If outlide corporate limit), write RURAL or given research town) COUNTY ALLEGANY CUMBERLING CARD (If outlide corporate limit), write RURAL or given research town) COUNTY ALLEGANY CUMBERLING CARD (If outlide corporate limits, write Rural town) COUNTY ALLEGANY CUMBERLING COUNTY ALLEGANY (If outlide corporate limits, write Rural town) COUNTY ALLEGANY (If outlide corporate limits, write Rural town) COUNTY ALLEGANY (If outlide corporate limits, write Rural town) COUNTY ALLEGANY (If outlide corporate limits, write Rural town) COUNTY ALLEGANY (If outlide corporate limits, write Rural town) COUNTY ALLEGANY (If outlide corporate limits, write Rural town) COUNTY ALLEGANY (If outlide corporate limits, write Rural town) (If outlide corporate limits, write Rural town) (If outlide corporate limits, write Rural town) (If outlide corporate limits, write limits, write Rural town) (If outlide corporate limits, write limits town) (If outlide corporate limits and the date of the fourth limits and the fourth limits and the fourth						
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TOWN Cumberland Cayears Town Cumberland Charles Charle	CITY (If outsida corporate limits, write RURAL	LENGTH OF STAY	CITY (Il outsida corpora			
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13. FATHER'S NAME Frederick Hering 14. MOTHER'S MADEN NAME Clara L. Ogle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO.] No. (If Yas, give wer or dates of service) 215-18-8521 17. INFORMANT & ADDRESS Melen V. Hering, Cumberland, Md.] I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION INTERVAL SETWEN ONSET AND DEATH ONSET AND DE	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, evan if	OR INDUSTRY	11. BIRTHPLACE (Stata or foraign	n country)		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? Mos., no, or unk. (If Yas, give wer or dales of sarvice) 16. SOCIAL SECURITY NO. 215-18-8521 Helen V. Hering, Cumberland, Md.	13. FATHER'S NAME					
West no. or unk.] (If Yas, give wer or dates of sarvica) 215-18-8521 Helen V. Hering, Cumberland, Md.	Frederick Herin	ng	Clara	L. Ogle		
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OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.] 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M. at work 1 last saw the deceased while at work 1 last saw the deceased alive on 1 last saw the deceased from 1 last saw the deceased alive on 1 last saw the deceased alive on 1 last saw the deceased salve on 1 last saw the deceased alive on 1 last saw the deceased alive on 1 last saw the deceased salve on 1 last saw the deceased alive on 1 last saw the deceased alive on 1 last saw the deceased salve on 1 last saw the deceased alive on 1 last saw the deceased salve on 1 last saw the deceased alive on 1 last saw the deceased salve on	175. MASON TIME	as or or kannon				
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22. I hereby certify that I attended the deceased from March 17, 1955, to Mc27, 1955, that I last saw the deceased alive on Act 17, 1955, and that death occurred at 2200 M, from the causes and on the date stated above 12/27/5 SIGNATURE ADDRESS (Streat, city, town, state) DATE SIGNED ADDRESS (Streat, city, town, state) DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Burial Dec. 30, 1955 St. Lukes Cemetery Cumberland, Md.		er, office bidg., arc.)			47.75	
22. I hereby certify that I attended the deceased from Mach Town, 1955, to Mach Town, 1955, that I last saw the deceased alive on the date stated above. 12/27/5. SIGNATURE ADDRESS (Streat, city, town, stata) DATE SIGNED NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Dec. 30, 1955 St. Lukes Cemetery Cumberland, Md.			21f. HOW DID INJURY OCCUR			
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alive on 1999, and that death occurred at 12 M, from the causes and on the date stated above. 127/5- SIGNATURE ADDRESS (Streat, city, town, stata) DATE SIGNED M.D. LOCATION (City, town, or county) Burial Dec. 30, 1955 St. Lukes Cemetery Cumberland, Md.	22. I hereby certify that I attended the de	eceased from AMC 7	7, 1955, to NEC	27, 1955, that	I last saw	the deceased
SIGNATURE ADDRESS (Streat, city, town, stata) DATÉ SIGNED M.D. LOCATION (City, town, or county) Burial Dec. 30, 1955 St. Lukes Cemetery Cumberland, Md.	alive on Sec 77 1955	and that death occurred at.	12 xcom from the ca	uses and on the date sta	ted above	12/27/50
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Dec. 30, 1955 St. Lukes Cemetery Cumberland, Md.		1 1 1	ADDRI	ESS (Streat, city, town, stata)		
REMOVAL (SPECIFY) Burial Dec.30,1955 St. Lukes Cemetery Cumberland, Md.	of The Trevaske	S. M.D.	Cumberl	and ma	rolla	ud
Burial Dec.30,1955 St. Lukes Cemetery Cumberland, Md.			CREMATORY	LOCATION (City, town, or cou	nty)	(Stata)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Rimial Dec 30 19	955 St. Lukes	Cemetery	Cumberland	. Md.	
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR'S S	GNATURE		
Arch. 28. 1955 Writer R. Grant. M.D. William H. Kight, Cumberland, Md.	1/2	my to my			rland	NAG -

EARLY AND STATE DEPARTMENT OF STATES AUTHORS IN THE ONALY HAS DE

SIME CERTIFICATE OF DEATH

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BUREAU V. S.

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registrar within 72 hours after death. by the funeral director, the third con

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11428

11416

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF DI	ECEASED	
COUNTY Allegany	,	MARYLAND	STATE Narv	land county	Allegany	
CITY (If outside corporete limits, write R	RURAL LE	NGTH OF STAY	CITY (It outside corp	porete limits, write RURAL a		
TOWN		(in this plece)	OR			Y
HOSPITAL OR		3 hours	STREET	resentoum	ve location)	
INSTITUTION OR	Meart Hospit	al	ADDRESS			
3. NAME OF (First) DECEASED (Type or Print)	(Middle		(Lost)	4. DATE (Mon	nth) (Day)	(Yeer)
	Elizabet SINGLE, MARRIED,	I 8. DATE		9. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24
RACE	WIDOWED, DIVORCE (Specify)	D,	m mimm		Months Days	Hours N
10e. USUAL OCCUPATION (Give kind of wor	rk 10b. KIND OF	Dec.	7. 1873	82 yrs.	12 CITI75	N OF WHAT
done during most of working life, even			II. BIKITIPLACE (Siele of lon	eigh country)	COUN	
retired) Housewife	Own Hom	ie .	Frostburg. M		11 0	
13. FATHER'S NAME	- 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		14. MOTHER'S MAIDEN	NAME		
Samuel McKenzie			Alice Wi	nton		
IS. WAS DECEASED EVER IN U. S. ARMED		IAL SECURITY NO.	17, INFORMANT &			
(Yes, no, or unk.) (If Yes, give wer or deter	s of service)					
- No		ne		las Barnes	Cumber1a	d Md.
A DISCUSSION OF CONTRACTOR DISCOVERY LEG	1	8. MEDICAL CE			1 INTE	RVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEA	ADING TO DEATH	o. MEDICAL CL	RTIFICATION			
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The bottom copy may be retained by the hospital or attending physician.

11463 CERTIFICATE OF DEATH

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Dr.	W	il	S	on

		2. USUAL RE	SIDENCE (HOME) OF DECEA	SED
COUNTY Allegany	MARYLAND		ryland county A	llegany
CITY (If outside corporata limits, write RURAL OR and give neerest town)	(in this place)	OR	de corporete limits, write RURAL and give	neerest fown)
HOSPITAL OR	169 years	TOWN	Barton	
INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give locati	ion)
3. NAME OF (first) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Dey) (
(Type or Print) George	Harrison	Howell	DEATH Dec	26
RACE WII	GLE, MARRIED, 8. DATE DOWED, DIVORCED,	OF BIRTH	9. AGE last birthday IF UN	hs Deys Hou
	arried Feb	21, 1886	69 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	***	or foreign country)	12. CITIZEN OF V
refired) 1 nep	Coal mine	Barton,	lid.	US
		7.5		
Jefferson Howell 15. WAS DECEASED EVER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	lar	riet Moore	
(Yas, no, or unk.) (If Yes, give wer or detes of ser	vica)		ALOT A BORESS	7 70 1
5 no 1		Mrs G	WERER H. Howel	
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	RTIFICATION	Myrocordical Degenera	ONSET AND
422 2 IMMEDIATE CAUSE (A)	not seer hed	CP le air that	Vic	5 Yai
ANTECEDENT CAUSE(S) DUE TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G pi \ //	1 /		-11
TO THE DEATH BUT NOT RELATED TO THE	Chrinic Myscas	JUNS DAY	Asthma	5/Es
	FINDINGS OF OPERATION			20. AUTO
21a ACCIDENT WAS INDEPLYING TO 1 21b B	IACE (Name form fester)	21e WHERE DID IN HUR	Y OCCUR? (City or town) (C	YES [SI
21e. ACCIDENT WAS UNDERLYING 21b. P OR CONTRIBUTING CAUSE OF DEATH OF INJ (IF EITHER, NOTIFY MEDICAL EXAMINER)	LACE (Home, farm, fectory, URY streat, office bldg., atc.)	None	CCCCK! (City of lown)	Louniy; (Si
21d. TIME OF INJURY (Month) (Dey) (Yeer) (F		21f. HOW DID INJURY	OCCUR?	
	M. et work A et work			
22. I hereby certify that I attended	the deceased from APL. 10	19.50 to	Dac 16 1955 the	at I last saw the
			the causes and on the date st	
alive on DEC. L.K., 1955	and that death occurred a	1.7.7.7.2.72M. IFOIT	ine causes and on the date si	

ST DECEMBER OF THE ATTACHMENT OF STATE CHAPTER OF

HEAR CERTIFICATE OF DEATH

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BUREAU V. S.

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11430

11456 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Allegany Maryland COUNTY Allegany COUNTY MARYLAND (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL and give necrest town) LENGTH OF STAY end give neerest town) (in this place) Frostburg days TOWN TOWN Frostburg HOSPITAL OR STREET (If rurel give location) INSTITUTION OR ADDRESS STREET ADDRESS Miners Hospital First St. (Middle) (Dey) 3. NAME OF (Lest) 4. DATE (Month) (Yeer) DECEASED CHARLOTTE LOUISE HUSTON Dec. (Type or Print) DEATH 8. DATE OF BIRTH IF UNDER 1 YEAR COLOR OR 7. SINGLE, MARRIED, 9. AGE fest birthdey HE UNDER 24 HRS RACE WIDOWED, DIVORCED, Hours 12-4-1876 female white (Specify) widowed 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY USA Maryland retired) housework own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Robison Rebecca Kirby 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or detes of service) Fred Huston, Frostburg, Md. none INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION NO 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Year) 21e. INJURY OCCURRED While Not while et work et work 22. I hereby certify that I attended the deceased from Dec 19.5.5, that I last saw the deceased 30/M, from the causes and on the date stated above and that death occurred at ... alive on... SIGNATURE NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF A15C REMOVAL (SPECIFY) bg. Memorial Park Burial Frostburg. Md. 24. REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. R. Durst. Frostburg, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN O
The bottom copy may be retained
TO FUNERAL DIRECTOR: The lar
certificate has been executed by
death certificate assembly should
VS AISC 1-55 10M

CERTIFICATE OF DEATH

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The Land Company of the La

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

11417

CERTIFICATE OF DEATH

_		
Reg.	Dist.	No

				-
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	D
COUNTY ALLEGANY	MARYLAND	STATE MD.	COUNTY AL	LEGANY
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (In this place) 2 DAYS	OR FLINT	ste limits, write RURAL end give na STONE	erest fown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL		STREET ADDRESSUTE # 2	(Il rurel give location)	/
3. NAME OF (First) (Mic DECEASED (Type or Print) WILLIAM F.		Lost)	4. DATE (Month) OF DEATH DEC.	(Dey) (Yeer) 26, 19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVOR (Space MARRIED	CED, NOV. 21,	L877	78 yrs. If UNDE	R 1 YEAR IF UNDER 24 HR Deys Hours Min.
done during most of working life, even il OR IN retirad) RET I RED FARMER OW	DUSTRY	BIRTHPLACE (State or loraing WEST VIRGINIA		2. CITIZEN OF WHAT COUNTRY?
PERRY JAMES		14. MOTHER'S MAIDEN N		
(Yes, no, or unk.) (Il Yas, give war or datas of service)	OCIAL SECURITY NO.	MEMORIAL H		
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Henria -	Cardo C	Bula Disease	6 W B
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
IND. IMAGE TINDINGS OF	OI EKATION			YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, f OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, offic (IF EITHER, NOTIFY MEDICAL EXAMINER)	arm, lectory, 21c. a bldg., atc.)	WHERE DID INJURY OCCUR	(Cou	nty) (Stete)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. IN. While M. at work	Not while	. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the decease alive on D.C. 35	at death occurred at M.D. / Z NAME OF CEMETERY OR CR	M, from the ca	uses and on the date state ESS (Street, city, town, state) LOCATION (City, town, or count Cumberland.	DATE SIGNE

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

PHYSICIAN OR HOSPITAL:

MARYLAND STATE DEPARTMENT OF HEALTHANES, TO

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BUREAU V. S.

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The law requires that the death

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

CERTIFICATE OF DEATH 11454

HOSPIT	(If outside corporate mits, write and give neerest town)		MAR	VIAND		AL RESIDE			- 1	
CITY OR TOWN HOSPIT	(If outside corporate mits, write and give neerest town)				STATE	1010	+	COUNTY (10000	vanu
HOSPIT				OF STAY	CITY	(If outside corpo	oreta limits, wr			1
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STREET	TAL OR UTION OR	11	1	n	STREE ADDR	T FSS		(If rural diva le	ocation)	
6. 17	ADDRESS OT	Hynd	man	Ta			464	V		
	EASED ()	10	(Middla)	~	(Last)		OF	TE (Month)	(Day)	(Year)
	or Print) Edwar	a,		41 0	enpi	ne		ATH JE	c 24	19 5
5. SEX	6. COLOR OR	7. SINGLE, MA WIDOWED,	DIVORCED,	8. DATE	OF BIRTH	010	9. AGE last	M	UNDER 1 YEAR	Hours M
100 USUAL	OCCUPATION (Give kind of w	(Specify)	KIND OF BUSIN	Stees Jac	1 11. BIRTHPLA	CE (Stata or fora	ion country)	yrs.	1 12, CITIZ	EN OF WHAT
. dona	during most of working life, ave	n if	OR MOUSTRY	D	-1, A	-500 11-	20	ml		NTRY?
13. FATHE	Harrier	100	la jo	Ve	14. MO	THER'S MAIDEN	NAME	7/14.		010
	John W	Toub	ms		9	40000	Ja	Cle	2000	1
- 0	DECEASED EVER IN U. S. ARME		16. SOCIAL S	SECURITY NO.	17.	INFORMANT &	ADDRESS	1.	900	" 1
EVar no or	unk.) (If Yes, give wer or del	es of service)	217-1	10-58	325 7	usiE	lu- De	Zusun	st A	4 Hyuda
T DISEASE	S OR CONDITIONS DIRECTLY L	ADING TO DEAT	18. M	AEDICAL C	ERTIFICATIO	N	0			ERVAL BETWEEN
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es o		(A) UE TO	1						-	
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	SIGNIFICANT CONDITIONS CON	TRIBUTING								
DISEASE	DEATH BUT NOT RELATED TO TH OR CONDITION CAUSING DEAT									
	OF OPERATION 196.	MAJOR FINDING	GS OF OPERATI	10N						O. AUTOPSY?
21a. ACCID OR CONTRI	BUTING CAUSE OF DEATH	21b. PLACE (H OF INJURY street	ome, ferm, fec	tory,	21c. WHERE DI	ID INJURY OCCU	R? (City or to	own)	(County)	(Steta)
	NOTIFY MEDICAL EXAMINER)									
21d. TIME (OF INJURY (Month) (Day) (V		Not while	21f. HOW DI	D INJURY OCCU	R?			116
				Social Line		- / 2	1.11/8	7.		
22. 1 he	ereby certify that latt			f		- /	LAT /	•		w the deceas
alive SIG	NATURE 1	, a	and that deat	in occurred	at	M, from the o		on the date on, city, town, s		Ve. DATE SIGN:
alive	Defue to	Lopp	est	M. D.	Hy	udene	an 1	2	17	4.5%
23. BURIAN	L, CREMATION, DATE	THERPOF	I NAME C	OF CEMETERY C	OR CUEMATORY		LOCATION	(City, town, o	1 1	/(State

BUREAU

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11418 CERTIFICATE OF DEATH

o Ado	114	18 CER	TIFICATI	E OF DEA		4
2						oist. No
	1. PLACE OF DEATH			2. USUAL RESIDE	INCE (HOME) OF DECEA	
9	COUNTY Alleg		MARYLAND	STATE MD.		legany
director,	CITY (If outside corporate I on Town Cumber	n)	(in this place)	OR _	porate limits, write RURAL and give	neerest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS Sac	red Heart H	spital	STREET ADDRESS	(If rurel give locati	on)
	3. NAME OF		(Middle)	(Last) Jones	4. DATE (Month) OF DEATH DEC	(Day) (Year) 25 15 5
	5. SEX 6. COLOR RACE Whi	OR 7. SINGLE, MARRI WIDOWED, DIV	FD, ORCED, Jan,	- 0		DER 1 YEAR IF UNDER 24 HR
	10a. USUAL OCCUPATION (Give dope during most of working refried) General	17 1 1 1 1 101 100	D OF BUSINESS	11. BIRTHPLACE (State or fo	D.	12. CITIŽEN OF WHAT COUNTRY?
	13. FATHER'S NAME	an Crable		Jenni	s Shenskey	
	15. WAS DECEASED EVER IN U (Yes, po, or unk.) (If Yes, give	was as dates of somical	. SOCIAL SECURITY NO. 2160 05-588	17. INFORMANT &	annie Graham,	(DAUGHTER)
	,			RTIFICATIONLONA		INTERVAL BETWEEN
	DISEASES OR CONDITIONS D	200	pocordial .	Infaction	,	ay ho
	ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE	SE(S) DUE TO	Lonary O	clusin		24 hr.
	II OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING	moders	<u>.</u>		34.
	TO THE DEATH BUT NOT RELA	ATED TO THE USING DEATH				
	19 DATE OF OPERATION	19b. MAJOR FINDINGS				20. AUTOPSY? YES NO
	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMPLE)	MINER) OF INJURY street, (office bldg., etc.)	21c. WHERE DID INJURY OCC		County) (State)
	21d. TIME OF INJURY (Month)	(Dey) (Year) (Hour) 21e. Whi M. et w		21f. HOW DID INJURY OCC	UR?	
	22. I hereby certify that I attended the deceased from 19 13., that I last saw the decease alive on 25 19 13, and that death occurred at 8 5 7 M, from the causes and on the date stated above.					
	alive on A	E land	M.D.		DRESS (Street, city, town, stete)	
ŀ	23 BURIAL, CREMATION REMOVAL ISPECIFY	DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or con	
Ī	Burial	Dec, 28.1	955. Wemari	al Park	Frestburg	MD.

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		Table March
6	FF4	of how many to the more than
		electronic gents
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ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11434

11419

CERTIFICATE OF DEATH

Reg. Dist. No.		

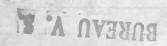
		I 2. USUAL RESIDE!	ICE (HOME) OF D	ECEASED		
1. PLACE OF DEATH		The second second second	200		OFF	
county Allegany	MARYLAND	STATE Mary	and COUNTY	HITERal	ly	
CITY (II outside corporete limits, write RURAL OR end give neerest town)	(In this place)	OR (If outside corpo	rete limits, write RURAL	and give neerest town)	
2 TOWN Cumberland	80 yrs.	TOWN Cumbe	rland		0	2
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(Il rurel gi	ve location)		1-
of Street Address 840 Maryland,	Ave.	840	Maryland	l, Ave.		
3. NAME OF (First) (A	Middle)	(Lest)	4. DATE (Mo	nth) (Dey)	(Yee	r)
(Type or Print) Margaret Is	sabel Ju	ady	DEATH	12/2/55	19	
5. SEX 6. COLOR OR 7. SINGLE, MARRIEI		•	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER	24 HR
RACE WIDOWED, DIVO	ORCED,	/1875	80 yrs.	Months Deys	Hours	Min.
	OF BUSINESS	11. BIRTHPLACE (Stelle or fore		I I2. CITIZ	EN OF WHA	T
done during most of working life, even if OR	INDUSTRY			COU	NTRY?	
retired) Housekeeper at Home		Cumberland		US	n .	
3. FATHER'S NAME		14. MOTHER'S MAIDEN				
James Keady		Mary	Roller			
	SOCIAL SECURITY NO.	17, INFORMANT &				
(Yes, no, or unk.) (If Yes, give wer or detes of service)	TOTIC	Gladys .	Judy Cumb	perland,	Md.	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	-core	wood dis	ener		to	
1-4				-	100	5
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					100	5,
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	DF OPERATION				D. AUTOPS	-
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS C				YES	NO	H
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	farm, fectory,	21c. WHERE DID INJURY OCCU	R? (City or town)		-	H
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS C 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, fectory, ffice bidg., etc.) INJURY OCCURRED Not while	21c. WHERE DID INJURY OCCU		YES	NO	1
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 197. MAJOR FINDINGS OF DOR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M. While et wo 22. I hereby certify that I attended the decease	injury occurred Not while et work	211. HOW DID INJURY OCCU	R?	(County)	(Stete	(B)
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of 121d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M. et wo 22e. I hereby certify that I attended the decease alive on	injury occurred Not while et work	211. HOW DID INJURY OCCU	R? 19 5	(County) And that I last saidate stated above	(Stote)	ease
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M. While et wo 22. I hereby certify that I attended the decease	injury occurred Not while et work	211. HOW DID INJURY OCCU	causes and on the RESS (Street, city, top	(County) A, that I last sa date stated aboven, stete)	(Stete	ease
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, of PETAL TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M. 21e. While 10 CAUSE OF DEATH M. 21e. While A. 21e. While A. 31e. 22. I hereby certify that I attended the decease alive on	injury occurred Not while et work	211. HOW DID INJURY OCCU	R? 19 5	(County) A, that I last sa date stated aboven, stete)	S NO (Stete	ease
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 9e. DATE OF OPERATION 19b. MAJOR FINDINGS OF CONTRIBUTING CAUSE OF DEATH OF INJURY STREET, of OF INJURY (Month) (Dey) (Yeer) (Hour) M. 21e. While alive on	INJURY OCCURRED Not white control where the work that death occurred NAME OF CEMETERY O	211. HOW DID INJURY OCCU	causes and on the RESS (Street, city, tow	(County) (County) (County) (County)	S NO (Stete	ease GNE
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OF INJURY STREET, M. et wo 22. i hereby certify that I attended the decear alive on	INJURY OCCURRED Not white control where the work that death occurred NAME OF CEMETERY O	211. HOW DID INJURY OCCU	causes and on the RESS (Street, city, tow LOCATION (City, tow Cumberla	(County) (County) (County) (County)	(State) We the decover. DATE SI	ease GNE

ARRYLAND STATE DEPART OF HEALTH-BALTIMORE, SE

CERTIFICATE OF DEATH

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11420 CERTIFICATE OF DEATH

		RTMENT OF HEALTH-BALTIMOR	11435
24 hours after after death. After the third copy o	11420 CERTIFICA	ATE OF DEATH	Reg. Dist. No.
24 hours after de third	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME)	OF DECEASED
	COUNTY Allegany MARYLAN	state Maryland con	univ Garrett
hours ector, th	CITY (If outside corporete limits, write RURAL LENGTH OF ST OR and give nearest town)		JRAL end give nearest town)
>	02 Town Cumberland, Md. 4 days	WALLEY ME A 5.7.7	· 1/x-2
executed within 72 uneral di	HOSPITAL OR INSTITUTION OR	STREET (If r	aral give location)
within funeral	STREET ADDRESS Crump Convelescent Home		
	3. NAME OF (First) (Middle) DECEASED	OF	(Month) (Dey) (Yeer)
strai	(Type or Print) JOSEPH WILLIAM	KEEFE DEATE	Dec. 16 1955
certificate be the registrar in by the t	RACE WIDOWED DIVORCED.	DATE OF BIRTH 9. AGE lest birth	Months Deys Hours N
the in		April 29, 1878 77	yrs. Monins Deys Hours N
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
te death	retired manager Hotel	Towanda, Pa.	U.S.A.
requires that the death g physician. certificate be filed with and completely filled burial transit permit.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
w requires that the coding physician. The certificate be filed ian and completely is a burial transit per	John Keefe	Sara Schrivins	
icia icia icia icia om om tra	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT		
equires that the physician. Intificate be five and complete burial transit	15 No 3/2-24-	0498 Mrs Gleaves Knec	ht, Salisbury, Pa.
requires that ng physician.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AL CERTIFICATION	INTERVAL BETWEET ONSET AND DEAT
e law required intending death cert	332X IMMEDIATE CAUSE (A) Cerebral	Thrombosis	
	ANTECEDENT CAUSE(S) DUE TO 1 1	/	
T off		rotic Disease	
A test	DISEASES OR CONDITIONS, IF ANY, (B) //Y Tevio Sclo GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
SPITAL hospital res that trending ached fe	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	•	
HOSPIT the hosp aguires the attended detached	TO THE DEATH BUT NOT RELATED TO THE	es Mellitus	
by the	DISEASE OR CONDITION CAUSING DEATH. 198 DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	-3 /12 /////3	20. AUTOPSY?
d b wed b	0		YES NO
retained The lay cuted by	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (Stele)
PHYSICIAN may be retain RECTOR: The seen executed assembly shou	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRE While Not when the twork to the two the control of the con	le 🗀	
copy copy L DII	SIGNATURE	urred at 3.10 PM, from the causes and on ADDRESS (Street, ci	
Dottom Softom NERA ficate h certif	a restara or our	A.D. 209 North IT MA	gessal 19 117
ATTEND The bottom FUNERA certificate I death certif	23. BURIAL, CREMATION, DATE THEREON NAME OF CEN		y town, or county) (State
_ 00,		sville, Grantsv	ille, Garrett Co.
5 5	2 24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	Butter 19. 900 Wille K. rang, 1	1.2 MOMBER & TULLITAR	Mantsville . Md

CERTIFICATE OF DEATH

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTINORS IS

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20. AUTOPSY

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RUREAU V. S.

The law requires that the death certificate be executed within

The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11438

11423 CERTIFICATE OF DEATH

DR. HUUGES	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ALLEGANY MARYLAND	STATEMARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give nearest town)
O O TOWN CUMBERLAND (in this place)	TOWN CUMBERLAND 02
HOSPITAL OR	STREET (If rurel give location)
60 INSTITUTION OR MEMORIAL HOSPITAL	ADDRESS 29 MAPLE STREET
3. NAME OF (First) (Middle) DECEASED MADTUA E VIDLETT	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) MARTHA E. KIDWELL	DEATHDECEMBER 15, 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (
FEMALE WHITE SEPT	EMBER 14 1889 66 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if refired) HOUSEWIFE	COUNTRY?
13. FATHER'S NAME	PAW PAW, W. VA. U.S.A.
CHARLES W. RUDY	
	MARY HUTCHINSON,
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, pe, or unk.) (If Yes, give wer or detes of service)	
110	MEMORIAL HOSPITAL - CUMBERLAND, MD. RTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Night Heast tay onset and DEATH
IMMEDIATE CAUSE (A)	
ANTECEDENT CAUSE(S) DUE TO	tow collabo
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	2/40
STATING UNDERLYING CAUSE LAST. DUE TO	2014
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	STATE OF ALL STATE OF AUTOPSY?
14/3/3 5 Carenova 1	· Office of the state of the st
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	216. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from Doc	1955, to DOC/5, 195, that I last saw the deceased
	at 3:20A.M, from the causes and on the date stated above.
alive on, 19 and that death occurred a	ADDRESS (Street, city, town, state) DATE SIGNET
W.R. Horges	Lung exand. 10 12/15/5
23. BURIAL, CREMATION, LOTE THEREOF NAME OF CEMETERY OF	
SEMOVAL (SPECIFY) There in 1955 4/500 1000	1. Conto 111 di di 115 76
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTORS/SIGNATURE
1 - 1/1/1 17 + m	10 7 766 C 100 7.
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CERTIFICATE OF DEATH

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24 hours

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11439

11424 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DI	ECEASED	
COUNTY ALLEGANY	MARYLAND	STATE MARYLA		ALLEGAN	
CITY (It outside corporate limits, write RURAL OR and give neerest town)	LENGTH OF STAY (in this plece)	OR	ete limits, write RURAL e	nd give neerest town	1)
OZ TOWN CUMBERT AND	1 mon. 22 da	VS TOWN CUMBER	TAND		02
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural giv	re location)	1
62 STREET ADDRESS BACRED HEART HOS	PTT AT	13 78	FREDER	RICK STRE	Lab
3. NAME OF (First)	(Middle)	(Lost)	4. DATE (Mon	nth) (Day)	(Yeer)
(Type or Print)	COMPTON KNI	סס	DEATH -	12-1-55	19
5. SEX 6. COLOR OR 7. SINGLE, I	MARRIED, B. DATE O		. AGE lest birthdey	IF UNDER TYEAR	
RACE WIDOWE (Specify)	D. DIVORCED, Widow Nov.	27, 1884	777 yrs.	Months Deys	Hours Min.
17		11. BIRTHPLACE (State or foreig	1 1000		EN OF WHAT
done during most of working life, even if	or industry Own Home	Cumberland.	Ma	US	NTRY?
13. FATHER'S NAME	ATT TIOTITE	14. MOTHER'S MAIDEN N		1 05	A.
IS. PATHER'S NAME					
Joseph Wilkinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.	Hattie Ra	wlings		•
				Q	3.6.3
(Yes, no or unk.) (If Yes, give wer or dates of service)	None	Lester Wi	akanson,		Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CER	TIFICATION	~^		SET AND DEATH
1/20./ IMMEDIATE CAUSE (A)	and Store	Heart Fo	dun	8	days
The TOO	The state of the s	7		1	11
DISEASES OR CONDITIONS, IF ANY, (B)	myounded	hefantron	acute	6	day
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Pigue	Ann. D.	0.	0	On-
260 x (C) (4°	Comme	Signatur		0	Land
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	000-1 00 4	100000			2
DISEASE OR CONDITION CAUSING DEATH.	wite melling	est obesit	>		<i>(</i>
196. DATE OF OPERATION 196. MAJOR FIND	INGS OF OPERATION			YE	S NO TO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE	(Home, ferm, feetery, 1 2	PIC WHERE DID INJURY OCCUR	? (City or town)	(County)	(Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY S	treet, office bldg., etc.)				
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)		21f. HOW DID INJURY OCCUR	?		
M.	While Not while et work				
22. I hereby certify that I attended the	decessed from TOET	, 1935 , to	Dec , 1955	that I last s	aw the deceased
alive on 30 Nov , 19 55	and that death occurred at.	TOOCH from the or	weer and on the	date stated abo	ve
SIGNATURE	and mai deam occurred an	ADDR	ESS (Street, city, tow	rn, stete)	DATE SIGNED
Haulle Gr 1110	ween yo	59/ Freeno	87 Cu	Raland	1 Dec 5
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)	(Stete)
Burial Dec. 3	1955 Rose H	ill Cem.	Cumberla	ind Md	. ,
24 REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE 1	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES	
DLOR 2 1055 /// Tax	+ trait mi	Holos	John J. H	laier,	TATE 6 PATEUR

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CHITACATE OF DEATH

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DECEIVED V. 8.
BUREAU V. 8.

CERTIFICATE OF DEATH

Reg. Dist. No.

300				,	
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Allegany	MARYLAND	STATE Maryl		Allegan	
CITY (If outside corporate limits, write RURAL OR and give neerest town)	LENGTH OF STAY (in this place)	CITY (If outside corp.	orete limits, write RURAL	and give nearest town	
Cumberland	35 vrs	TO1401 0	erland		0.2.
HOSPITAL OR	100 ,10	STREET		va location)	,
INSTITUTION OR STREET ADDRESS Z Z Q Trans do mis ols	C+200+	ADDRESS 710	Frederick	Stroot	
3. NAME OF (First)	Street (Middle)	(Lest)	4. DATE (Mo		(Yeer)
DECEASED	ella na se mina fer sel - ME mina evena - Me		OF DEATH	70 2 2 2	77
5, SEX 6. COLOR OR 7, SINGLE, MA		P .	9. AGE lest birthdey	Dedember I IF UNDER 1 YEAR	7 19 55 [IF UNDER 24 HRS
RACE WIDOWED.	DIVORCED.	OF BIRTH		Months Days	Hours Min.
Male Colored (Specify) Ma	arried Dec.		56 yrs.		
done during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	-	12. CITIZE	N OF WHAT
retired) Laborer 0	dd Jobs	Lynchburg.	Virginia	U.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
CHARLES HENRY	LEE, Sr.	MARY LEFR	AGE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS 3	12 Frede:	rick St
(Yes, no, or unk.) (If Yes, give wer or detes of service)	218-30-0563	Mrs. Sal	Ty Lee C	umberland	d. Md.
	18. MEDICAL CE			INTE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	1: 0			(i)	SET AND DEATH
49 A IMMEDIATE CAUSE (A)	wees to	un our	a	7	20-40-
ANTECEDENT CAUSE(S) DUE TO		0 1 -0	Ann.	. 10 De 1	
DISEASES OR CONDITIONS, IF ANY, (B)	yourse	Ce, sieres	alegues	causy	
STATING UNDERLYING CAUSE LAST. DUE TO	′		"		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				-	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	neo			COS III	
19e. DATE OF OPERATION 19b. MAJOR FINDING	GS OF OPERATION		******************	20	. AUTOPSY?
				YES	□ NO □
	ome, ferm, fectory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCU	JR? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 2	Pile. INJURY OCCURRED While Not while of work	211. HOW DID INJURY OCCU	JR?	•	
22. I hereby certify that I attended the de		X 1055 to 27	ERO 2 10 7	5 that I last so	u the deserved
			/ /		1 1
alive of the signature at the signature	ind that death occurred a	at	RESS (Street, city, for		TATE SIGNED
11/h 600, 20/2000		V/6 -120000.	A Burne	A. Din	71:11
23. BURIAL, CREMATION, DATE THEREOF	I NAME OF CEMETERY O	R CREMATORY	LOCATION (City, tow	vn, or county)	(Stete)
REMOVAL (SPECIFY)		wn Cemetery		nd, Mary	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU		25. FUNERAL DIRECTOR'S		ADDRESS	
41 +		John J. Haf	on Cumbo		
DATE Des 9 1955 Weller	M. Oresty	aoun a ust	er, ounde	L'Land, M	u.

law requires that the death INSTRUCTIONS

Migge M

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

death.

The bottom copy may be retained by the hospital or attending physician.

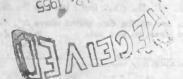
TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physical PHYSICIAN OR HOSPITAL: The ATTENDING

THE STOCKT LAS - NELASE TO TOTAL TEACH STATE SHE IN THAN

CERTIFICATE OF BEATH

1004

BUREAU V. S.



INSTRUCTIONS

1

CERTIFICATE OF DEATH 11426

third	T. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEASE	ED
9	Alleganz		STATE MD.	COUNTY Alle	remir
2 T	CITY (Il outside corporete limits, write RURAL LENC	GTH OF STAY	CITY (If outside corporei	e limits, write RURAL and give ne	
7.2 hours att director, the	OR end give neerest town) Or TOWN Cumberland	n this piece)	OR TOWN N:	ikep	X
	HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(Il rurel give location	1
within	STREET ADDRESS Cleveland Ave.		(max m		
fun	3. NAME OF (First) (Middle) DECEASED		(Lest)	4. DATE (Month)	(Day) (Yeer)
strar	(Type or Print) THOMAS	LEE		DEATH Dec,	25 19
by by	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF	BIRTH 9.	Months	R 1 YEAR IF UNDER 2
	Male White (Specific dewed	The same of the sa		78 yrs.	12. CITIZEN OF WHAT
-C TO	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUST	Dan.	BIRTHPLACE (Stete or foreign		COUNTRY?
lled with	retired Retired Coal Miner (sal likne	Westernpert		U.S.A.
ely Pe					
e be fill ompletel transit	Henry Lee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO.	Ellen]		
	. (Ver no or unk) (If Yes give wer or dates of service)				
	3 No 179-	03-4997		. Cumberland	INTERVAL BETWI
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. MEDICAL CERT	(SC	ON)	ONSET AND DE
ysician se as a	447 M IMMEDIATE CAUSE (A)	Saptem	ewe arter	io sclerat	ir Qu
hysic use	ANTECEDENT CAUSE(S) DUE TO	11111			1.00
that the ding ph	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	acce	ac ais	ase.	7
uires that the attending pl etached for	STATING UNDERLYING CAUSE LAST. DUE TO				
quires that a attendir detached	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
e al	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
be the	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPE	RATION			20. AUTOPSY YES NO
न के व	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm,	lactory. I 21	c. WHERE DID INJURY OCCUR?	(City or town) (Co	unity) (State)
Ped Po	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bid (IF EITHER, NOTIFY MEDICAL EXAMINER)			, , , , , , , , , , , , , , , , , , , ,	
- w	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY	OCCURRED 2	II. HOW DID INJURY OCCUR?		
		et work			
OR: execu	M. While et work	01 110112		the same of the same	I last saw the dece
RECTOR: een execu assembly	M. et work	om 17:25	5, 1955, to 12:		
RECTOR: sen execu assembly	M. et work	om 17:25			
DIRECTOR: is been executed assembly	M. et work 22. hereby certify that attended the deceased fr	om 17:25	9a M, from the ca	uses and on the date states (Street, city, town, stete)	ted above.
DIRECTOR: is been exect	22. I hereby certify that I attended the deceased from alive on 1955, 1955, and that of SIGNATURE	om 17 % % death occurred at	ga M, from the ca	uses and on the date states (Street, city, town, stete)	ed above. DATE SIG
RECTOR: een execu assembly	22. I hereby certify that I attended the deceased from alive on 1955, 1955, and that of SIGNATURE	death occurred at	ga M, from the ca	uses and on the date states (Street, city, town, stete)	ded above. DATE SIG

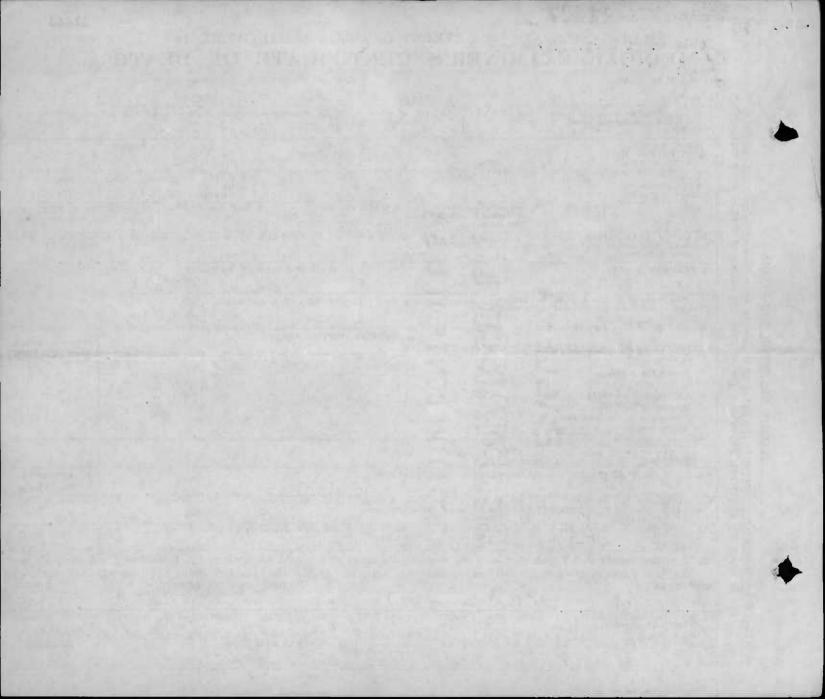
ST. STORY LAST STATE DEFASTRANT OF HEALTH SALTHER THE

LILES CERTIFICATE OF DEATH

BUREAU V. C.

DEC 50 1022

SCHOOL OF THE SHARE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11428 CERTIFICATE OF DEATH

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1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEASE	ED
COUNTY ALLEGANY			AND COUNTY ALLE	CANY
COUNTY ALLEGANY CITY (II outside corporete limits, write RURAL	I LENGTH OF STAY	CITY (If outside corr	porate limits, write RURAL and give ne	
OR and give neerest town) CUMBERLAND	(In this pleca)	OR		
HOSPITAL OR	I DAY	STREET CU	MBERLAND MD (If ruret give location	RUR RUR
INSTITUTION OR		ADDRESS		
STREET ADDRESSMEMORIAL HOSPITAL 3. NAME OF (First)	(Middle)	(Lost)	OMAC PARK, R.F.	D. #6,
DECEASED	(Middle)	The Cartin Control of the Control	OF	
· · · · · · · · · · · · · · · · · · ·	L	MACKERETH	DEATHDEC.	26 55
RACE WIDOWED	, DIVORCED,	OF BIRTH	9. AGE last birthday IF UNDI	ER 1 YEAR IF UNDER 2
FEMALE WHITE (Specily)	SINGLE 7-5	- 55	yrs. 5	21
dona during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT
	none	Cumberland,	Md. I	JSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
CHESTER W. MACKERETH		GLORIA E	. MEYERS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &		The second
(Yes, no, or unk.) (If Yes, give wer or datas of servica)	none	MEMODIAL	HOSPITAL	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	Premore	,		ONSET AND DEA
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
STATING UNDERLYING CAUSE LAST. (C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDIN	IGS OF OPERATION			20. AUTOPSY
21. ACCIDENT WAS UNDERLYING TO 1 21h DIACE II	1	OI- WHICH DID WHILIPY OCCU		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY stre	dome, farm, factory, et, office bldg., etc.)	21c. WHERE DID INJURY OCC		unty) (Stete)
, , , , , , , , , , , , , , , , , , , ,	21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCI	UR?	
22. I hereby certify that I attended the de	eceased from 25 Are	- 19 55 to 7/4	8-50 10 55 that	l last saw the dece
alive on 205 4 , 19 5 3 ,	and that death occurred	at 8 PaMeM from the	causes and on the date state	ed above
SIGNATURE		ADE	ORESS (Street, city, town, stata)	DATE SIG
Thomas Kolenson	M.D. P	3 a S. Leberty St.	Cumberland, me	a 27 De
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY C	OR CREMATORY	LOCATION (City, town, or count	ry) (Sta
			0	
	Davie Mom	orial	Cumherland	MARI
Burial 12-29-55 24 REC'D BY REGISTRAR REGISTRAR'S SIGNAT		orial	Cumberland,	MC . ADDRESS

NSTRUCTIONS

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PHYSICIAN OR HOSPITAL: The law requires that the death certificate be exe The bottom copy may be retained by the hospital or attending physician. ATTENDING

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ONE PARK. I. D. VO.	TA		JAN152040-MALCAS
.alemass	HTERENSY		707.17
LS .	THE REPORT OF		= = = = = = = = = = = = = = = = = = =
	45 (17.15)	Contact as 1519	1755275 / 21 55163 C
1 71550)	JATSYAS House an	Constant of	
BUREIU		Marie Marie	
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	the same of the sa	The second secon	The second of the second of the second

The bottom copy may be retained by the hospital or attending physician.

ATTENDING

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11457 CERTIFICATE OF DEATH

11445

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDE	ICE (HOME) OF D	ECEASED	
COUNTY Allegany	MARYLAND	STATE Mary	land county	Allegan	137
CITY (If outsida corporata limits, writa RURAL OR and giva nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corpo	orata limits, writa RURAL a	nd give nearest town	13
Frostburg.	11 days	TOWN	stburg.		22
HOSPITAL OR	1 11 44 5	STREET	H rural giv	re location)	1
/ INSTITUTION OR Miner's Hospi	+91	ADDRESS 66	Broadway		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mor	ith) (Day)	(Year)
(Type or Print) Mary	Jane	MacMannis	DEATH D	ec. 10th	1, 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARR RACE WIDOWED, DI	RIED, 8. DATE	OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female White Specify Wi	dowed Apri	1 13th, 1871	84 yrs.	Months Days	Hours Min.
	ND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (State or fora	ign country)		EN OF WHAT
	sework	England		US	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Christopher Roberts		Jane	Boynes		
	6. SOCIAL SECURITY NO.	17. INFORMANT &			
(Yas, no, or unk.) (If Yas, give wer or dates of service)	None	Citiz No set -10			
		RTIFICATION			ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7 1 0	To John de 1	0 1	V.	SET AND DEATH
4-00 IMMEDIATE CAUSE (A)	Cenosclera	ic star 1	Jestore 1	allux, Je	Jevel Dend
ANTECEDENT CAUSE(S) DUE TO	o a Duesa	to 1/10 %	a. Millean	200	Yer-
GIVING RISE TO THE ABOVE CAUSE	C- 1 /T/100	runa y	corre	are g	
STATING UNDERLYING CAUSE LAST. DUE TO	00			No. of the last	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,				91 3 3	
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20	O. AUTOPSY?
0			4		□ № 🛛
21a. ACCIDENT WAS UNDERLYING [21b. PLACE (Hon OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Stata)
Wh	. INJURY OCCURRED iila Not while at work	216. HOW DID INJURY OCCU	R?		
22. I hereby certify that I attended the dece	and from DEAN	10.50 in Ne	- 10 10 55	that I last say	w the deceased
110 - 10		ot 10:35 P.M. from the			-
alive on	inar death occurred a		RESS (Streat, city, tow		DATE SIGNED
John B. War	M.D. T	To nothe	on, ma	12	1 155
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	R CREMATORY	COCATION (City, town	n, or county)	(Stata)
Burial 12-13-55	Fibe Memo	rial Park	Frostbu		MA
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURI		25. FUNERAL DIRECTOR'S		ADDRESS	Md.
12-12-11 Du Maria	N/Da		Durst		
PARTIES IS LOUIS ALL. MALLE			. /////	DECLES TO THE	THE INTELL

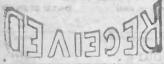
MARYLAND FLATE DEPARTMENT OF NEALTH-EALTHOUGH IS

MASS CERTIFICATE OF DEATH

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DEC 80 1822



Joneph R. Duret. Resetting. M. Migenet

The law requires that the death certificate be

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11429

1. PLACE	OF DEATH			2.	USUAL RESIDI	NCE (HOME) OI	DECEASED	•	
COUNTY		legany	MARYLAND		STATE Mary	COU			
O2 TOWN	outsida corporata limits, wri d giva naarest town) Cumberla		(in this place) 70 Year		OR TOWN	Cumberl	and	est town)	0
HOSPITA INSTITUTI STREET A	ON OR 4:	14. Park St			STREET ADDRESS	414. Park	Street		1
3. NAME DECEA (Type or	SED Phome	as J	ewe a	Malanj	hy	4. DATE OF DEATH	73	(Day) 21 19	(Yaz
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRI WIDOWED, DIV (Spacify)	ORCED	date of Birth		9. AGE last birthda	y IF UNDER Months		NDER lours
done du	CCUPATION (Give kind of ng most of working life, ev LIVE STOCK de	ven if OR	of Business Industry .ng & sell	(THPLACE (State or fo Sumberland			COUNTRY?	WHA
13. FATHER'S	NAME	iel Ma lamp		14	. MOTHER'S MAIDEN	beth Stant	on		
15. WAS DEC	EASED EVER IN U. S. ARM	lates of sandes)	SOCIAL SECURITY		17. INFORMANT &	ADDRESS he lala mp	hy, Cumb	erland	11
502.1	CONDITIONS, IF ANY,	(A) OUE TO (B) OUE TO	wie	13 ron	elitiva	d Brone	Metro.	Jul (4
	IFICANT CONDITIONS CO	(C) NTRIBUTING THE	CA	hear	ee Mi	ATTADA	the	7,11	k A
11 OTHER SIG	TH BUT NOT RELATED TO			1 1	114	10000	1 1 1	20. 41	ITOPS
11 OTHER SIG TO THE DE. DISEASE O	CONDITION CAUSING DE OPERATION 198	, MAJOR FINDINGS			(7 7 - 1		YES [
11 OTHER SIG TO THE DE. DISEASE O 19a. DATE OF 21a. ACCIDEN OR CONTRIBU (IF EITHER, NO	CONDITION CAUSING DE, OPERATION 1996 WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	21b. PLACE (Home OF INJURY street, c	, farm, factory, ffice bldg., atc.)		ERE DID INJURY OCC		(Count	1913	NO (State
11 OTHER SIG TO THE DE. DISEASE O 19a. DATE OF 21a. ACCIDEN OR CONTRIBU (IF EITHER, NO	OPERATION 19E WAS UNDERLYING NG CAUSE OF DEATH	21b. PLACE (Home OF INJURY street, c	i, farm, factory, ffice bldg., atc.) INJURY OCCURRED Not while	21f. HC	W DID INJURY OCC			y) T	(State

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HIARS CERTIFICATE OF DEATH

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Chrenic Merecalder France

BUREAU V.

DEC 84 18 2

The basis of their Life, time stated 1.55

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

this side

44 hours after death

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11447

11430 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	state Maryland county Allegany
CITY (If outside corporete limits, write RURAL LENGTH OF STA OR end give neerest town) (In this place)	AY CITY (Il outside corporete limits, write RURAL end give neerest town)
22 Jown Cumberland 35 yrs	TOWN CO. 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS 46 Marion	STREET (II rural give location) ADDRESS 46 Marion Street
3. NAME OF (First) (Middle) DECEABED	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) Francis Charles Ma	amajek Death Dec. 2 19 55
	DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS
m RACE WIDOWED, DIVORCED, (Specify)(narried	9/24/1897 58 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even il refired) Bollermaker B&O Railroa	ad Pittsburgh, Pa. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Mamakjek	Mary Zera
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Gamber Land, Ma.
	STZ Mrs. Francis Mamajek
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1511X IMMEDIATE CAUSE (A) Carun	onatoris 2 mo
ANTECEDENT CAUSE(S) DUE TO	P. A.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE OUT TO THE	NA TESTE
STATING UNDERLYING CAUSE LAST, DUE TO	on Resture 1 ur.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
199 DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	Resting i metastices YES NO N
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work et work	
22. I harahy cartify that I attended the deceased from Fel	(9-195, 19 to Dec 2 , 19.5), that I last saw the deceased
	urred at 139 f.M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
	A.D. TERY OR CREMATORY LOCATION (City, town, or county) (Stete)
Burial 12/5/55 St. Pe	ters & Pauls Cumberland Md
24_ REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	ters & Pauls Cumberland Md
Don - 12 - This Diffe of	. M. a). H. Lee Silcox Cumberland, Md.
SHER. 5, 1955 areales K. Tranh.	. M. do. and Elox Cumberland, Ma.

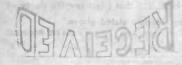
MARYLAND STATE DEPARTMENT OF HEALTH-SALTIMORD, IN

HEARD TO STADISTRATE

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certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1143 CERTIFICATE OF DEATH

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T	J.	X	I	-

1. PLACE OF DEAT	L		Co. No					
					E (HOME) OF D			
COUNTY Alles	gany	MARYLA		Maryland	COUNTY	Alleg		
OR end give naeres	orata limits, write RURAL t town)	LENGTH OF			e limits, write RURAL e	nd give neeres	t town)	
Town Cumber:	land		Imo. To	vn Cumber	land		0	2
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Sylvan F	Retreat	STR ADI	DECC .	(If rurel given and Ave.	ve location)	/	
3. NAME OF	(First)	(Middla)	(Last)		4. DATE (Mor	nth) (Day) (Ye	or)
(Type or Print)	lossie	Myrtle	Mange	S	DEATHDO	cember	27, 19	55
5. SEX 6. COL		NGLE, MARRIED,	8. DATE OF BIRTH	9.	AGE last birthdey	IF UNDER 1	17	24 HR
F W	CE WI	NGLE, MARRIED, IDOWED, DIVORCED, Pecify) Seperated			73 yrs.		Days Hours	Min.
10a. USUAL OCCUPATION done during most of we	orking life, avan If	10b. KIND OF BUSINESS OR INDUSTRY		ACE (State or foreign	country)	12.	COUNTRY?	AT
ratired) Housew	ife	Own Home	Hyndm	an, Penn.			U. S. A.	
3. FATHER'S NAME			14. M	OTHER'S MAIDEN NA	ME			
John 1	Evans			Elizabeth	(Unknown)			
15. WAS DECEASED EVER	IN U. S. ARMED FORC			INFORMANT & AD				
(Yes, no, or unk.) (If Yes,	give war or detes of se	None		ohn Manges	, 16 Arch	St. Cn	mh (sor	1
1		18 MED	ICAL CERTIFICAT	ON	, 10 AI OII	50. 04	INTERVAL BET	
T DISEASES OR CONDITIO		TO DEATH		,			ONSET AND	
Il I de de				1			OHISET AND	
IMMEDIATE	CAUSE (A)	Velle	uonary	Therpos	stasis		24/	
ANTECEDENT O	CAUSE(S) DUE TO	Chro	nie 7	Tepo	stasis	â	24/	
ANTECEDENT	CAUSE(S) DUE TO S, IF ANY, (B) DVE CAUSE	Cheo	nie T	Hepoca	stario	Ĵ	241	
ANTECEDENT OF CONDITIONS GIVING RISE TO THE ABOUT STATING UNDERLYING CA	CAUSE(S) DUE TO S, IF ANY, DVE CAUSE AUSE LAST. (C) NOITIONS CONTRIBUTIN RELATED TO THE	Bate	nie T	Hepor Heris	stasis stite es.	6	24 k	
ANTECEDENT OF CONDITIONS OF CONDITIONS OF CONDITIONS OF CONDITIONS OF CONDITIONS OF CONDITION OF	CAUSE(S) DUE TO S, IF ANY, OVE CAUSE AUSE LAST. (C) NOITIONS CONTRIBUTIN RELATED TO THE CAUSING DEATH. 19b. MAJO	Bate	mie To is ar	Hepoca thris	stasis stasis stasis ychos	io	24 K	EATH LP
DISEASES OR CONDITIONS GIVING RISE TO THE ABO STATING UNDERLYING CA 11 OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION	CAUSE(S) DUE TO S, IF ANY, (B) OVE CAUSE AUSE LAST. (C) NOITIONS CONTRIBUTIN RELATED TO THE CAUSING DEATH. 19b. MAJO DERLYING 21b. II SE OF DEATH OF IN.	Dete	cionary nie 7 24 av cagnos	Heporal Heril La pro-	tasis skite genos (City or town)	(County)	24 K	WY?
DISEASES OR CONDITIONS GIVING RISE TO THE ABO STATING UNDERLYING CA 11 OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UND OR CONTRIBUTING CAUS	CAUSE(S) DUE TO S, IF ANY, OVE CAUSE AUSE LAST. (C) NDITIONS CONTRIBUTIN RELATED TO THE CAUSING DEATH. 19b. MAJO DERLYING 21b. 1 EXAMINER)	NG R FINDINGS OF OPERATION PLACE (Home, ferm, factory, JURY straet, office bidg., atc.)	RED 21f. HOW	DID INJURY OCCUR?	tasis sdéte es. ychoo	(County)	24 K	WY?
ANTECEDENT OF CONDITIONS OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONDITIONS OF CONTRIBUTING OF CONDITIONS OF COND	CAUSE(S) DUE TO S, IF ANY, (B) VE CAUSE AUSE LAST. DUE TO (C) NDITIONS CONTRIBUTIN RELATED TO THE CAUSING DEATH. 19b. MAJO DERLYING 21b. I E OF DEATH OF IN. EXAMINER! Onlh) (Dey) (Year) (NG NG ACCURATION R FINDINGS OF OPERATION PLACE (Home, ferm, factory, JURY street, office bidg., atc.) (Hour) Zie. INJURY OCCUR Whila Not et work et w.	RED 21f. HOW	DID INJURY OCCUR?			24 L 20. AUTOP. YES NO (Stell	III)
ANTECEDENT OF THE ABOUT OF THE	CAUSE(S) DUE TO S, IF ANY, (B) DVE CAUSE AUSE LAST. (C) NDITIONS CONTRIBUTIN RELATED TO THE CAUSING DEATH. 19b. MAJO DERLYING 21b. 1 EF OF DEATH OF IN. EXAMINER OF IN. EXAMINER 19th 1 attended	NG R FINDINGS OF OPERATION PLACE (Home, ferm, factory, JURY street, office bidg., atc.) (Hour) 21e. INJURY OCCUR Whila Not et work et work et were	RED 21f. HOW while Drk 19	old injury occur?	21 , 195°	5, that 1 la	24 £ 20. AUTOP: YES NO (Stele	///
ANTECEDENT OF THE ABOUT OF THE	CAUSE(S) DUE TO S, IF ANY, (B) DVE CAUSE AUSE LAST. (C) NDITIONS CONTRIBUTIN RELATED TO THE CAUSING DEATH. 19b. MAJO DERLYING 21b. 1 EF OF DEATH OF IN. EXAMINER OF IN. EXAMINER 19th 1 attended	NG NG ACCURATION R FINDINGS OF OPERATION PLACE (Home, ferm, factory, JURY street, office bidg., atc.) (Hour) Zie. INJURY OCCUR Whila Not et work et w.	RED 21f. HOW while Drk 19	old INJURY OCCUR? To Alexander, to Alexander, to the cau	.27 , 19.55	, that I la	24 £ 20. AUTOP: YES NO (Stele	///
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ANTECEDENT OF THE ABOUT OF THE	CAUSE(S) DUE TO S, IF ANY, (B) DVE CAUSE AUSE LAST, DUE TO AUSE LAST, DUE TO AUSE LAST, DUE TO AUSTRIBUTING A	R FINDINGS OF OPERATION PLACE (Home, ferm, factory, JURY street, office bidg., atc.) (Hour) 21e. INJURY OCCUR Whila Not et work et work et work et work et work of the deceased from the dece	RED 21f. HOW while prik 19. 19. cccufred at 20.	M, from the cau	ises and on the ciss (Street, city, tow	that I ladate stated in, stately	24 k 20. AUTOP: YES NO (Stele	Ceased GNE

INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

MARYLAND STATE DEPARTMENT OF REALPH-BALTIMORN TO

PARCERTIFICATE OF DEATH

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	Bon S	. Company	THE SECOND AS		

DEC 30 1922

BUREAU V. E.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

VS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11466 CERTIFICATE OF DEATH

		1
Die	NI-	4

11449

	Reg. Dist.	140
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Allegany MARYLAND	STATE Maryland county Allega	anv
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this pleca)	CITY (If outside corporate limits, write RURAL and give naere: OR	st town)
OR and give nearest town) X Town hural-Cumberland 10 yrs.	TOWN Rural-Cumberland	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS Rt. 4, Oldtown Rd. Cumberla		
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Dey) (Year)
(Type or Print) Verdie Ellen Mc H		18 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	Months I	YEAR IF UNDER 24 HRS. Devs Hours Min.
b' (Specify) Widowed Oct.	16, 1868 87 yrs.	
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INQUSTRY	11. BIRTHPLACE (State or foraign country) 12.	CITIZEN OF WHAT
retired) Housewife Own Home		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Abraham Barnes	Maggie Bowman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, moon unk.) (If Yes, give war or detes of service)	17. INFORMANT & ADDRESS	
(If Yes, give war or detes of sarvica) None	George McBride, Rt. 4,	Cumberland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONSET AND DEATH
422. / IMMEDIATE CAUSE (A) Service Cardio - Vascul	Disine and Moloutidia	Tenham
ANTECEDENT CAUSE(S) DUE TO		
DISFASES OF CONDITIONS IF ANY (8)		
GIVING RISE TO THE ABOVE CAUSE DUE TO		
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE	ower qualet	linkom
DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
U None		YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County	y) (Stata)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a. INJURY OCCURRED While Not while	RIF. HOW DID INJURY OCCUR?	
M. et work et work		
22. I hereby certify that I attended the deceased from 15 Dec		
alive on		
SIGNATURE 2.	ADDRESS (Street, city, town, stete)	DATE SIGNED
23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR C	232 Baltimas Arr. CREMATORY I LOCATION (City, lown, or county)	/2-19-55 (State)
REMOVAL (SPECIFY)		
Burial 12/24/55 Baptist Cem	10 te ry Three Churche	S W Va
Doc 21 10 5 Mints Retained	John I C	

EL BROMIVIAR-RELATE DO VERRETRANCO STATE OLIGIPARA

HTASC TO STADIFITSED

BUREAU V. S.

DEC SA 1822

ORDER PROPERTY.

• ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11432 CERTIFICATE OF DEATH

1	T	4	Ü	U
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1. PLACE OF DEATH			2. USUAL RESID	ENCE (HOME)	OF DECEAS	BED
COUNTY ALLEGANY		MARYLAND	STATE MARY		OUNTY ALLE	
CITY (If outside corporete limits, write R OR and give neerest town)	RURAL	LENGTH OF STAY		rporete limits, writa		
O 2 TOWN CUMBERLAND,		(in this place) 24 DAYS	TENY CUM	BERLAND	rural	
	HOSPITAL		STREET ADDRESS		rural give location	on)
60 STREET ADDRESS MEMORIA			RT.#	5. Vocke	Road	-
OF (First) DECEASED (Type or Print) ADC C1 17ADI	(Mid		(Lest)	4. DATE		(Dey)
MKS ELIZADI	T. SINGLE, MARRIED.		GILL E OF BIRTH	9. AGE fast birt	000	22 DER 1 YEAR IF UN
FEMALE WHITE	WIDOWED, DIVOR	CED	.710	00	Months	
10a. USUAL OCCUPATION (Give kind of wor		OF BUSINESS	11. BIRTHPLACE (State or f	oreign country)	yrs.	12. CITIZEN OF
Trained Willewill	or IND	OUSTRY	WEST VIRGIN			U.S.A.
13. FATHER'S NAME	- Wuru	/rouce_	14. MOTHER'S MAIDI			0.3.4.
JOHN HAINES			SARAH SI	HTIN		
15. WAS DECEASED EVER IN U. S. ARMED		OCIAL SECURITY NO.	17. INFORMANT	& ADDRESS		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, ag or unk.) (If Yes, give wer or datas		OCIAL SECURITY NO.			CUMBERLA	ND.MD.
(Yos, ag) or unk.) (If Yes, give wer or datas	s of service)	OCIAL SECURITY NO.	MEMORIAL		CUMBERLA	INTERVAL
I DISEASES OR CONDITIONS DIRECTLY LEA	ADING TO DEATH	lost	MEMORIAL		CUMBERLA	ND MD INTERVAL ONSET AN
I DISEASES OR CONDITIONS DIRECTLY LEA IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DU	s of service)	lost	MEMORIAL DERTIFICATION TRY Suebolism	HOSPITAL,	CUMBERLA	INTERVAL ONSET AN
I DISEASES OR CONDITIONS DIRECTLY LEA ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS. IF ANY.	ADING TO DEATH (A) (B)	lost	MEMORIAL DERTIFICATION TRY Suebolism		CUMBERLA	INTERVAL ONSET AN
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11451

1143 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
COUNTY ALIEGANY	MARYLAND	STATE MARYIA		ALLEGAN	Y
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	OR	ata limits, write RURAL ar	nd giva naarest town)
Town Cumberland	15 days	town Cumber	and (If rurel giv	a location)	0.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GROWN HOOME TO		ADDRESS		• locellon)	-/
STREET ADDRESS Sacred Heart]	Middle)	(Lest) 407 Fag	4. DATE (Mon	th) (Day)	(Yaar
(Type or Print) Naomi Meade			OF DEATH		211111
	E, MARRIED, 8. DATE	OF BIRTH 9	. AGE last birthday	IF UNDER 1 YEAR	IF UNDER
Female Negro (Space	owed, divorced, ify) Married 2-3-	67	48 yrs.	Months Deys	Hours
10a. USUAL OCCUPATION (Giva kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZ	EN OF WHA
done during most of working life, even if retired) House Wife	Own House	Maryland Cum	berland	COU	TRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Robert Parker		Stella We	adon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES		17. INFORMANT & A			
(Yes, no, or unk.) (If Yas, giva war or dates of service	None None	Carl Mea	de Cumber	land. 1d	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	atter choloredals	mus and dear	um for	70	un
DISEASES OR CONDITIONS, IF ANT, (B)					
STATING UNDERLYING CAUSE LAST. DUE TO	a reason of	ose de		24	eof.
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Emperon Ja	elbloden		24	eek
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	emperon Is	jelbl-slehr			
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR F	emperor for	elleden	and do!	2	0. AUTOPSY
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR F 21c. ACCIDENT WAS UNDERLYING 1 21b. PLA OR CONTRIBUTING 1 CAUSE OF DEATH 10 FINJUR		re in albledder 21c. WHERE DID INJURY OCCUR	nch disin	2	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. MAJOR F 2 - / C - S 210. ACCIDENT WAS UNDERLYING	Academic Actions of the Action	PLE LOUINIURY OCCUR 216. HOW DID INJURY OCCUR	(City or fown)	red YES	O. AUTOPSY
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR F 21e. ACCIDENT WAS UNDERLYING 1 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hou	A at work at work at work.	21c. WHERE DID INJURY OCCUR 21f. HOW DID INJURY OCCUR	(City or fown)	(County)	0. AUTOPS) NO (State)
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR F 21e. ACCIDENT WAS UNDERLYING 1 21b. PLA OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hou	A deceased from 72-10	21c. WHERE DID INJURY OCCUR 21f. HOW DID INJURY OCCUR	7 (City or fown) 7 -23 19.57	(County)	O. AUTOPS) NO (State)
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. IPO. DATE OF OPERATION 196. MAJOR F 21e. ACCIDENT WAS UNDERLYING 196. PLA OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hou	A deceased from 72-10	21c. WHERE DID INJURY OCCUR 21f. HOW DID INJURY OCCUR 1. 19 7 to /2 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(City or fown) 7 7 7 19 19 19 19 19 10 10 10 10 10	(County) (County) (County)	O. AUTOPS: NO (State)
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR F 21e. ACCIDENT WAS UNDERLYING 1 21b. PLA OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hou	A deceased from 72-10	21c. WHERE DID INJURY OCCUR 21f. HOW DID INJURY OCCUR 1. 19 7 to /2 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(City or fown) 7 7 7 7 7 7 7 7 7 7 7 7 7	(County) (County) (County)	O. AUTOPSY NO (State) w the decore.
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 191. MAJOR F 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hou	A deceased from 72-10	216. WHERE DID INJURY OCCUR 216. HOW DID INJURY OCCUR 19.5. to /2 11. 8.3. M, from the cappur 7 Breene	(City or fown) 7 7 7 19 19 19 19 19 10 10 10 10 10	(County) (County) (County) (County)	O. AUTOPSY NO (State)

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

hours after dea

No.

SERVIFICATE OF BEATH

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NAME OF CEMETERY OR CREMATORY

Sua fall.

LOCATION (City, town, or county)

Scarpelli Cumberland, Md

ADDRESS

X

SE

PLEA

H. V. Deming M 23. BURIAL, CREMATION, REMOVAL (Specify):

DATE REC'D BY LOCAL

Buria

DATE THEREOF

REGISTRAR'S SIGNATURE

BUREAU V. S.

DEC IS 1955

24 hours after death.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

11467 CERTIFICATE OF DEATH

	6
	 (0)

1. PLACE OF DEATH	77 (T) (T) (T) (T)	2. USUAL RESIDE	NCE (HOME) OF DEC	EASED
county Allegany	MARYLAND	STATE Mary	vland county A	Allegany
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corp	orata limits, write RURAL end	
OR and give nearest town) X TOWN Luke	40 vears	OR TOWN [11]	ce M	_
HOSPITAL OR	140 years	STREET	(If rurel give to	ocetion)
INSTITUTION OR STREET ADDRESS Prot + C+		ADDRESS	-++ C++	
Tract Di	(Middle)	(Lest)	ratt Street	(Day) (Year)
DECEASED		(Less)	OF	
(Type or Print) CARL	GILLEAD	MILLER		ec 11 19 55
RACE WI	DOWED, DIVORCED.	TE OF BIRTH		onths Days Hours Min.
Male White (Se	pecify) Married 21	July 1908	47 yrs. "	onins Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stata or fore	sign country)	12. CITIZEN OF WHAT
done during most of working fife, evan if retired) herchant	Grocery	Bloomingt	n Marriani	US COUNTRY?
13. FATHER'S NAME	1 drocery	14. MOTHER'S MAIDEN	on, Maryland	1 00
Oliman C Willer				
Oliver G. Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.		<u>Duckworth</u>	
(Yes, no, or unk.) (If Yes, give war or datas of sai	rvica)			
5 No	- 236-03-3999		y Lee Miller	
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	CERTIFICATION		ONSET AND DEATH
443 X IMMEDIATE CAUSE (A)	Carbal de	mulage.		4 hours
ANTECEDENT CAUSE(S) DUE TO			1 ^	
DISEASES OR CONDITIONS, IF ANY, (B)	Durelmain.	construction	n durage	
GIVING RISE TO THE ABOVE CAUSE DUE TO	AT.			
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	<u>1G</u>			
DISEASE OR CONDITION CAUSING DEATH.				
195 DATE OF OPERATION 196, MAJO	R FINDINGS OF OPERATION			20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. F	DIACE (Home form feeton)	21c. WHERE DID INJURY OCCU	ID 3 (City on town)	
OR CONTRIBUTING CAUSE OF DEATH OF IN	PLACE (Home, farm, fectory, IURY streat, office bldg., etc.)	ZIC. WHERE DID INJURY OCCU	JK (City of fown)	(County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21a, INJURY OCCURRED	21f. HOW DID INJURY OCCU	JR?	
210. 11112 01 1111011 (1111111)	M. at work At works			
		10 15 D.	. 11 . 55	
22. Thereby certify that I attended				
	, and that death occurred			
SIGNATURE	0,00		RESS (Straet, city, town, st	
James Delle Huelon	M.D.	Green Street,	Piedmont, I	Va. 12/11/5
23. BURIAL, CREMATION, DATE THERE	NAME OF CEMETERY	OK CREMATORY	LOCATION (City, town, or	r county) (Stafe)
Burial 12-14	4-55 Mount La	wm Cemetery	Raliegh, I	North Carolina
24. REC'D BY REGISTRAR REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE /2-12-55 ms	Jean C Kelly	CX 1304	V Wes	sternport. Md.

MARYLAND STATE DEVARIANT OF HEALTH-OATTEMOUSLIS

MUST CERTIFICATE OF DEATH

BUREAU V. S.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after The bottom copy may be retained by the hospital or attending physician.

11435 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH			2. USUAL RESIDI	ENCE (HOME) OF D	ECEASED	
COUNTY ALLE	GANY	MARYLAND	STATE MARY	LAND COUNTY	A	LLEGANY
CITY (If outside corporat	te limits, write RURAL	LENGTH OF STAY	CITY (If outside cor	porete limits, write RURAL e		
OZ TOWN CUMBERL	ÄND	9 DAYS	TOWN CUMB	ERLAND		02
60 INSTITUTION OR MEMO	ORIAL HOSPITAL		STREET ADDRESS 451 H	(If rurel given AVE	ve location)	1
3. NAME OF	(First) (Middle)	(Last)	4. DATE (Mor	nth) (Dey	(Yeer)
	LLSWORTH	C. MYER	S	DEATH DE	C. KI	8 1, 55
5. MALE 6. COLO		D, DATE O	F BIRTH /17/1892	9. AGE lest birthdey 3. 3 yrs.	Months Dey	
10e USUAL OCCUPATION (G	ive kind of work 10b. KIN	D OF BUSINESS INDUSTRY	11. BIRTHPLACE (Stete or fo	reign country)		ZEN OF WHAT
Toretired)		NDRY	MARYLAND			S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			-711
JOSEPH M	YERS//		ELLA M. X	XEN SIGLER		
15. WAS DECEASED EVER IN		SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
(Yes, no, or unk.) (If Yes, gi	ve wer or detes of service) 21-	4-05-4538	MEMORIAL	HOSPITAL, ME	MORIAL A	VE.
I DISEASES OR CONDITIONS	DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION			TERVAL BETWEEN
rila 1	71.	whatevat			4	. 0
540. IMMEDIATE CA		· · · · · · · · · · · · · · · · · · ·				P. Lucian,
ANTECEDENT CA DISEASES OR CONDITIONS, GIVING RISE TO THE ABOVE	(035(3)	trie when wit	le necusis	and scarrier	my Su	· Years.
STATING UNDERLYING CAU	SE LAST. DUE TO				1	
TO THE SIGNIFICANT COND TO THE DEATH BUT NOT RE DISEASE OR CONDITION CA	LATED TO THE					altern.
19e. DATE OF OPERATION	196. MAJOR FINDINGS					20. AUTOPSY?
1/5 Dec 55 210. ACCIDENT WAS UNDER	Pyloric obstru	ction solve to lar	ze getin ulu	Upp (c)		ES NO
OR CONTRIBUTING CAUSE C	OF DEATH OF INJURY street, of (AMINER)	fice bldg., etc.)	c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(State)
21d. TIME OF INJURY (Mont	While		21f. HOW DID INJURY OCC	UR?		
alive on	that I attended the decear	that death occurred at:	0:50 A M from the	causes and on the cores (Street, city, tow	date stated abo	DATE SIGNED
23. BURIAL, CREMATION,	DATE THEREOF	M.D.	CREMATORY	LOCATION (City, town		18 Dec 55
REMOVAL (SPECIFY)	Dec 21 1955	Hillcrest Bu		Cumberla		(5.5/5)
24/ REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	1	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRE	
Wan 19 195	1/1/kito	south m)	William H.	Kight, Cumh	perland	Ma

MARYLAND STATE DEPARTMENT OF HEALTH-BALLIMORS, TO

TIME CERTIFICATE OF DEATH

New Plat No.

CHARGE OF MARKED CONTROL OF CHARGE MARKED CHARGE CHARGE MARKED CHARGE MARKED CHARGE MARKED CHARGE MARKED CHARGE MA

BUREAU V. S.

DEC ST 1822



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: MARYLAND COUNTY COUNTY Allegany STATE carefully. CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits write RURAL and give nearest town) LENGTH OF STAY OR and give nearest town) (in this place) PLOMN vears Cumberland Cumberland HOSPITAL OR STREET (If rural, give location) ADDRESS INSTITUTION OR STREET ADDRESS Bowmans Addition Bowmans Addition f information death clearly (Last) 3. NAME OF 4. DATE (Day) (Year) DECEASED: DEATH (Type or Print) Walter 19 5 Scott Nicewarner Dec. 6. COLOR OR RACE: 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, Months June 20-1869 Hours male (Specify) Wldower of of 10a. USUAL OCCUPATION (Give kind of work hie, 19b. KAND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT MDUSTRY: COUNTRY? item Find retired ! / wmler ly every iten Harners Ferry W. Va. 13. FATHER'S NAME: A4. MOTHER'S MAIDEN NAME: John T. Nicewarner 17. INFORMANT & ADDRESS: R. F. D. #3 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: Md (Yes, no, or unk.) (If Yes, give war or dates of service) Granddaughter) Mrs. Wm. Bovd. Cumberland Supply no none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH INK. 420.1 Coronary occlusion sudden (a)..... Immediate cause DUE TO Ü UNFADING Physicians: Antecedent cause(s) Arteriosclerosis. (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) 21a. EXTERNAL CAUSE WAS OF street, office bldg., etc., INJURY PLAINLY, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21f. HOW DID INJURY OCCUR? 21e. INJURY OCCURRED Not while INJURY work [at work [22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and RITE is es find that death resulted from: Natural causes ★★, Accident □, Suicide □, Homicide □, Undetermined cause □. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED SIGNATURE We V Deming M.D 23. BURIAL, CREMATION, REMOYAL (Specify): DATE THEREOF OF CEMETERY OR CREMATORY LOCATION (City, town, or county) SE 1-24-551 resial. PLEA 240 FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS

BUREAU V. S.

DEC 54 1952

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11459

SECUSTRA

11456

DATE SIGNED

ADDRESS

LOCATION (City, town, or county)

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY MARYLAND Alleganv Liary land Allegamy
CITY (If outside corporate limits, Write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) Star Route Hancock TOWN Star Route Hancock Ld HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS Home Star Route Hencock Md 3. NAME OF (Middle) 4. DATE (First) (Last) (Month) (Year) (Day) DECEASED James Albert Potts (Type or Print) DEATH 19 55 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Harried 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE last hirthday | If under 1 year | If under 24 hrs. Months | Days | Hours | Min. Oct.5 1884 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY COUNTRY? Allegany County Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jonas Potts Marcaret Keefer 15. WAS DECRASED EVER IN U.S. ARMED FORCES? ! 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Margaret F Potts Star Route Hancock Md service) NO 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2 Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes I No 🗆 PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY 21. ACCIDENT (CITY OR TOWN) (Specify) (COUNTY) (STATE) SUICIDE HOMICIDE TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not While INJURY Work At work | 22. I hereby certify that I attended the deceased from 19 37, 19 to 1 /...., 19....., that I last saw the deceased alive on Mov

ADDRESS

24. FUNERAL DIRECTOR

NAME OF CEMETERY OR CREMATORY

(Degree or title)

23. BURIAL CREMATION REMOVAL (Specify)

SIGNATURE

A15 VS.

BUREAU V. S.

2961 81 0H

OB MISSEL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11436 CERTIFICATE OF DEATH

death.		MARYLAN	ID STATE DEPA	RTMEN	T OF HEALTH-	BALTIMORE, 1	11	457
Mitpie cody	2	11436 C	ERTIFIC	ATE	OF DEA		eg. Dist. No	4
/		1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
A at		COUNTY Allegany	MARYLA	ND	STATE Maryla	nd county	Alle gany	
ad within 2	rector,	CITY (If outside corporete limits, write RURAL OR end give neerest town) TOWN Cumberland,	LENGTH OF (in this plea		OR	rland,	nd give nearest town	02
executed vithin 72		HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Va. Ave.,			STREET ADDRESS	(If rurel giv Virginia Ave	ve location)	1
e g Pe		3. NAME OF (First) DECEASED (Type or Print) JAMES	(Middle) DAVID	PUG		4. DATE (Mor OF DEATH De	c. 9,	(Year) 19 55
certificate the registre		Male White (Spec	owed, DIVORCED,		, 1910	9. AGE fest birthdey 45 yrs.	Months Deys	Hours Min.
with Hilled	ait.	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi driver	10b. KIND OF BUSINESS OR INDUSTRY Yellow Top Ca	1	1. BIRTHPLACE (Stote or for Salem, W. V.		12. CITIZE	
	0.	13. FATHER'S NAME James L. Pugh			14. MOTHER'S MAIDEN	NAME		
RUCTIONS quires that the diphysician. tificate be filed and completely for the completely	burial fransit	15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of servi			Mrs. Audr	ADDRESS a Pugh 6 Va.	Ave. Cu	nb. Md.
		1 DISEASES OR CONDITIONS DIRECTLY LEADING THE HEAD TO THE HEAD THE HEAD TO THE HEAD TO THE HEAD THE HE	18. MEDI		IFICATION		INTE	RVAL BETWEEN SET AND DEATH
F º 5 d	ed for use	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Chro	nie	myor	rites.	£ 6.	- Jra
OR HOSPITAL: d by the hospital law requires that the	detached	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
OR I ed by law re	ے	0	FINDINGS OF OPERATION	1 21	. WHERE DID INJURY OCC	UP3 (C)	(County)	NO (Stete)
SICIAN be retain for: The	y should		ACE (Home, farm, fectory, RY street, office bldg., etc.)		IF. HOW DID INJURY OCC		(County)	(21016)
PHYSICIAN may be retain RECTOR: The	ssembl		M. et work Not w	rhile				
DING n copy	certificat 5 10M	22. I hereby certify that I attended to alive on Sec. 9, 19.5. SIGNATURE Clary?	and that death or	M.D.	Cun	causes and on the correct (Street, city, tow	date stated above	w the deceased e. DATE SIGNED
U	death A15C 1-	23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Date Thereof 12/12/	55 Hillo		urial Park	Cumberland		(Stete)
5 5	VS	24 REC'D BY REGISTRAR REGISTRAR'S SI	R. Frank	m.D.	25. FUNERAL DIRECTOR'S	George Cum	ADDRESS berland, N	

MARYLAND STATE OF ARTHUR TO MARKET LEASTINGER, 18 - 11 124

THE CENTIFICATE OF DEATH

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BUREAU V. S.

DEC 14 1822

District on the Control of the Canal

PLANTE BY THE REAL PROPERTY.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11437 CERTIFICATE OF DEATH

11458

1. PLACE OF					2. USUAL	RESIDENC	E (HOME) O	F DECEAS	ED	
COUNTY /	Allegany	rita PLIPA1	MARYI LENGTH C			Waryl.	nd COUR	VIV A		
OR and gi	ive nearest town) umberland		(In this 3yrs	piece)	OR	Cumber		WE alto Alas II	oarasi iowii,	47
HOSPITAL OR	R	4.	1031	,	STREET	Jumber		al giva location	1)	()
INSTITUTION STREET ADDRI		5th	St		ADDRESS	I05	5th S	st.		
3. NAME OF DECEASE			(Middle)		(Last)		4. DATE	(Month)	(Day)	(Yaer)
(Type or Print)	Eliz		Alice	Rexro			DEATH	I2-	23,	19 5
5. SEX	6. COLOR OR RACE	WIDO	MARRIED, WED, DIVORCED,	8. DATE C	OF BIRTH	9.	AGE lest birthde	Months	ER 1 YEAR	IF UNDER 2
F	W	(Specif	Widowed	March	15,I8	75		yrs.		
done during	UPATION (Give kind of most of working life, e	f work	10b. KIND OF BUSINE OR INDUSTRY	55	11. BIRTHPLACE	(State or foreign	country)		12. CITIZE	N OF WHAT
relired) Ho	ousewife		Own Home		Frank	lin. W	.Va.		USA	
13. FATHER'S NA	ME		Water of		14. MOTHER	R'S MAIDEN NA	AME			
Geo.	Moyer				Ma	ary F	RexI	road	11.13.1	
	SED EVER IN U. S. ARI			CURITY NO.					II (TI)	40.72
No			None		Man	TO TO	omman To	IK K+h	C+	Ci +37
0.00	CONDITIONS DIRECTLY		18. ME	DICAL CEN	TIFICATION	1100	oman I	0.	INTE	RVAL BETW
42 A IM	MEDIATE CAUSE ECEDENT CAUSE(S) DIDDITIONS. IF ANY.	(A) DUE TO	18. ME	INI (ATIFICATION MA	poea	rdit	2	INTE	RVAL BETWI
42 A IM	MEDIATE CAUSE	(A) DUE TO (B) DUE TO	18. ME	EDICAL CER	PTIFICATION	prea	rdit	<u>.</u>	INTE	RVAL BETWE
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL	MEDIATE CAUSE ECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CO	(A) DUE TO (B) DUE TO (C) ONTRIBUTING	18. ME	EDICAL CER	PTIFICATION (Mea	rdit	2	INTE	RVAL BETWE
MANTI DISEASES OR CO GIVING RISE TO STATING UNDERL II OTHER SIGNIFIC TO THE DEATH	MEDIATE CAUSE ECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CC BUT NOT RELATED TO	(A) DUE TO (B) DUE TO (C) ONTRIBUTING	18. ME	EDICAL CER	PTIFICATION (prea	rdit	2	INTE	ERVAL BETWEE
MANTI DISEASES OR CO GIVING RISE TO STATING UNDERL II OTHER SIGNIFIC TO THE DEATH	MEDIATE CAUSE ECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CO BUT NOT RELATED TO ONDITION CAUSING DI	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE	18. ME	10010	PRIFICATION (prea	rdit	2	INTE ONL	RVAL BETWIELT AND DE
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL IT OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19a. DATE OF OP	MEDIATE CAUSE ECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CO BUT NOT RELATED TO ONDITION CAUSING DI PERATION 15	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH 9b. MAJOR FI	DEATH 18. ME	ON CON	RTIFICATION WHERE DID IN	prea	rdit	2	INTE ONE	D. AUTOPSY
IM. ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19a. DATE OF OP 21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	MEDIATE CAUSE ECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CO BUT NOT RELATED TO ONDITION CAUSING DI	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH. Pb. MAJOR FI 21b. PLA OF INJURY	NDINGS OF OPERATIO	ON CLURRED OF While D	TIFICATION (AN CA	(City or town)	2	INTE CHAIR	D. AUTOPSY
IM. ANTI DISEASES OR CC GIVING RISE TO STATING UNDERL II OTHER SIGNIFIC TO THE DEATH DISEASE OR CC 19a. DATE OF OP 21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU	ECEDENT CAUSE(S) SINDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CC BUT NOT RELATED TO SINDITION CAUSING DI PERATION 15 LYAS UNDERLYING LYAS UNDERLYING	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH. 21b. PLA: OF INJURY	NDINGS OF OPERATIO	ON CIURRED	21c. WHERE DID IN	AN CA	(City or town)	Q (Co	INTE ON THE PROPERTY OF THE PR	D. AUTOPSY NO (State)
IM. ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19a. DATE OF OP 21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU 22. I hereby	ECEDENT CAUSE(S) SINDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CC BUT NOT RELATED TO SINDITION CAUSING DI PERATION VAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URY (Month) (Dey)	(A) DUE TO (B) DUE TO (C) DITRIBUTING THE EATH. Pb. MAJOR FI 21b. PLA OF INJURY (Yeer) (Hou	NDINGS OF OPERATIO	ON CURRED of white work	21c. WHERE DID IN	HJURY OCCUR?	(City or town)	(Co	INTE SAUTH	D. AUTOPSY NO (Stete)
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IM. ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19a. DATE OF OP 21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU 22. I hereb alive on. SIGNATU	MEDIATE CAUSE ECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CO BUT NOT RELATED TO SONDITION CAUSING DI OFERATION 15 WAS UNDERLYING URY (Month) (Dey) W CERTIFY (Month) (Dey) MATION, PECIFY) DA MATION, PECIFY) DE MATION, PECIFY)	(A) DUE TO (B) DUE TO (C) ONTRIBUTING THE EATH. 21b. PLAY OF INJURY (Yeer) (Hou	NDINGS OF OPERATION THE PROPERTY OF THE PROPE	CURRED of while work work with the control of while work work with the control of white work work with the control of white	21c. WHERE DID IN	HURY OCCUR?	(City or town)	(Co	I last sarvity)	D. AUTOPSY NO (State)

EMET CHRISTIE OF DEATH

BUREAU V. S.

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INSTRUCTIONS

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

CERTIFICATE OF DEATH 11438

ii i made of	DEATH			2. USUAL	RESIDENC	E (HOME) OF	DECEAS	ED		
COUNTY A	llegany		MARYLAND	STATE	West Vir	giniacounty	Gra	ant		6
CITY (If outside OR and give	e corporete limits, write RL neerest town)	URAL	LENGTH OF STA	OR		limits, write RURAL	end give n	eerest town)		
1	umberland				Petersbu			8.	5 X	1
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Hospit al		STREET ADDRESS		(it rural g	give location	n)		V
3. NAME OF DECEASED	(First)	(N	(iddle)	(Last)		OF	onth)	(Day)	(Ye	ar)
(Type or Print)	BABY		IRL	RIGGLEMAN			ECEMI		2, 19	
	RACE 7.	WIDOWED, DIVO		DATE OF BIRTH	9.	AGE last birthdey	Months		IF UNDE Hours	
	hite		of BUSINESS	11. BIRTHPLACE	(Stata or foreign	yrs.	.	12. CITIZE	N OF WI	TAL
done during mo.	st of working life, avan I		NDUSTRY	Cumberla				USA		
13. FATHER'S NAME	one			14. MOTHE	R'S MAIDEN NA	ME	1	ODA		_
	Ta	sse Riggl	om on	Manue	Tamm Bo	ne				
	EVER IN U. S. ARMED	FORCES? T6.	SOCIAL SECURITY	NO. 17. INF	Lynn Ba	RESS		1196		
(Yes, no, or unk.)	(If Yes, give war or detas	of service)	lone	Memo	orial Ho	spital				
I DISEASES OR CO	NDITIONS DIRECTLY LEAD	. 2		L CERTIFICATION				ONS	RVAL BET	DEA
17/		(1 22 22	00000 37							
120 X IMME	DIATE CAUSE (~	cephaly						-	-
ANTECE	EDENT CAUSE(S) DUI	E TO	cepnary					l h	r. (,
ANTECE	EDENT CAUSE(S) DUI	~	cephary					l h	r. ()
ANTECE DISEASES OR CONE GIVING RISE TO TH STATING UNDERLYIN	EDENT CAUSE(S) DUI DITIONS, IF ANY, (HE ABOVE CAUSE NG CAUSE LAST. (1)	E TO (B) TO C)	cephary					l h	r. ()
ANTECE DISEASES OR CONE GIVING RISE TO TH STATING UNDERLYIE II OTHER SIGNIFICAT TO THE DEATH BU	EDENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE NG CAUSE LAST, OTHER OTHER CONDITIONS CONTRIT T NOT RELATED TO THE	E TO (B) TO C)	ceomary					1 h	r. 6	<u> </u>
ANTECE DISEASES OR CONE GIVING RISE TO TH STATING UNDERLYIE II OTHER SIGNIFICAT TO THE DEATH BU	EDENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE NG CAUSE LAST. (INT CONDITIONS CONTRI T NOT RELATED TO THE	E TO (B) TO C)						20	D. AUTOP	PSY
ANTECE DISEASES OR CONE GIVING RISE TO TH STATING UNDERLYIN TO THE SIGNIFICAT TO THE DEATH BU DISEASE OR CONE 190. DATE OF OPERA	EDENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE NG CAUSE LAST. IT CONDITIONS CONTRI T NOT RELATED TO THE DITION CAUSING DEATH. ATION 19b. M	E TO (B) (C) (B) (D) (D) (D) (D) (D) (D) (D	F OPERATION	21- WALER NIN	WHIDV OCCUP.			20 YES	D. AUTOF	o [
ANTECE DISEASES OR CONE GIVING RISE TO TH STATING UNDERLY! II OTHER SIGNIFICAT TO THE DEATH BU DISEASE OR CONE 19a. DATE OF OPERA 21a. ACCIDENT WA: OR CONTRIBUTING OR CONTRIBUTING	EDENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE NO CAUSE LAST. OUT OUT OUT OUT OUT OUT OUT O	E TO (B) (TO C) BUTING	F OPERATION	21c. WHERE DID A	NURY OCCUR?	(City or town)	(Co	20	D. AUTOP	PSY:
ANTECE DISEASES OR CONE GIVING RISE TO TH STATING UNDERLYIN II OTHER SIGNIFICAT TO THE DEATH BU DISEASE OR CONE 19a. DATE OF OPERA OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING IF EITHER, NOTIFY MI	EDENT CAUSE(S) DITIONS, IF ANY, IE ABOVE CAUSE NO CAUSE LAST. OUT OUT OUT OUT OUT OUT OUT O	E TO (B) TO C) BUTING AJOR FINDINGS O Th. PLACE (Home, off INJURY street, off	of OPERATION farm, factory, fice bidg., etc.) NJURY OCCURRED	21f. HOW DID II		(City or town)	(Co	20 YES	D. AUTOF	PSY O

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CERTIFICATE OF DEATH

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MADVI AND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

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	MARYLAN	D STATE	DEPARTMEN	NT OF	HEALTH-	-BALTI	MORE,	18	Reg.	Dist.
Œ	DICAL	EXAM	INER'S	CEF	RTIFICA	ATE	OF	DEATH	No	4

orrec	MEDICAL EXAM	INER'S C				DEATH	I No	. 4	
ne c	1. PLACE OF DEATH:			2. USUAL RESIDENC				14	
TY.	COUNTY Allegany	MARYLANI		STATE M d		NTY Alle			
ully	CITY (If outside corporate limits, write I OR and give nearest town)	RURAL LENGTH OF (in this pl	ace)	OR TOWN Mi	corporate limit dland	s write RURAL	and give	nearest	town)
of information carefully. The correct death clearly and legibly.	HOSPITAL OR INSTITUTION OR OSTREET ADDRESS Memorial Ho			STREET ADDRESS		ural, give location	on)	1	
tior	3. NAME OF (First)	(Middle)		(Last)	4. DATE	(Month) (Day)	(Year)	
cle	DECEASED: (Type or Print) Susan	Colleen		Robertson	OF DEATH	Dec.	1	19	55
nfor	RACE: WI	DOWED, DIVORCED,		24-1948	AGE last bi	rthday: IF UNDE		Hours Hours	Min.
of i	10a. USUAL OCCUPATION (Give kind of work done during most of work life,	10b. KIND OF BUSIN	VESS OF	11. BIRTHPLACE	(State or for	yrs. reign country):	12. CIT	IZEN OF	WILAT
	work done during most of work life, even if retired): Student	INDUSTRY:				Md.	UCO	UNTRY?	
r ita	13. FATHER'S NAME:			14. MOTHER'S MAID					
P. a	Joseph G.Robertse			Erma Lloyd					
Supply every item write the causes o	15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NONE		17. INFORMANT & AI femorial Hos		records			-
up	120	18.	MEDICA	L CERTIFICATION					
Ω ≱	I. DISEASES OR CONDITIONS DIRECTLY						0	TERVAL E	DRATH
UNFADING INK. Physicians: please			rpur	a	***********************		4	- day	'S
1. T.	Antecedent cause(s)	Petecheal h	emoi	rhage (gene	ralize	d)			
DIN	Diseases or conditions, if any, (b)	***************************************				***************************************		• • • • • • • • • • • • • • • • • • • •	
FA] sici	giving rise to the above cause DUE-TO stating underlying cause last (c)	Edema of br	ain	& lungs (ma	rked)				
	II. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING D	ONTRIBUTING ED TO THE							
TH	19a. DATE OF OPERATION: 19b. MAJO	R FINDING OF OPERAT	I'ION :	3-2			20	. AUTOI	PSY?
WI	21010-7-77	atory laparo						Yes	No 🗆
LY, imp	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	o. PLACE (Home, farm, OF street, office bl INJURY	factory,	21c. (City or town	1)	(County)		(State)	
E PLAINLY, WITH especially important.	21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M	While at Not	RED while work	21f. HOW DID IN	JURY OCCU	R?			
PI	22. I hereby certify that I took cha	rge of the remains	describ	ed above, held an	Autopsy E	, Inspection	图, In	quiry E	, and
TE	find that death resulted from:	Natural causes 2,	Accio	lent □, Suicide □	, Homici	de [], Und	etermin	ned cau	ise [].
WRITE	SIGNATURE 1/ 1/	1) in	7	DEPUT	Y MEDICAL	XAMINER EXAMINER L EXAM.	De	c.2	1955
age age	H. V. Deming M. D. JY. V.	REO NAME OF SE	EMETER				_		State
SE	REMOVAL (Specify) :	To Sutter	la /	Manaria & Cou	1-1300	thua 1	Men	la	L)
PLEASE	PATE REC'D BY LOCAL REGISTRAR	'S SIGNATURE	1	24 FUNERAL DER	ECTOR	0/		ADDR	//
P (MC. 3, 1935 Mintes	K. Maris, 18	1.2	Kroge ac	moin,	dollaco	usu	7, M	d.
				12 nother	4m		0		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH COLINTY COLINTY MARYLAND STATE FNGTH OF STAY CITY (if outside corporate limits, write RURAL and give mearest CITY (If outside corporate OP (in this place) TOWN TOWN HOSPITAL OF STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS (Middle) DATE (Day) (Year) 3. NAME OF (Last) OF DECEASED DEATH (Type or Print) 1055 8. DATE OF BIRTH IF LINDER 1 YEAR LIF UNDER 24 HRS. 5. SEX COLOR OF SINGLE MARRIED 9. AGE last birthdey WIDOWED, DIVORCED Months Days Hours (Specify) KIND OF BUSINESS 10a. USUAL OCCUPATION (Give kind of work 10b. 12. CITIZEN OF WHAT done during most of working life, eyen if COUNTRY? 13. FATHER'S HAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yes, no. or unk.) 05-05-8054 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO [YES 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work et work 19.55 that I last saw the deceased 22. I hereby certify that I attended the deceased from...... alive en & 5.J....., and that death occurred at.... Q...M, from the causes and on the date stated above. SIGNATORE ADDRESS (Street, gity, town, state) DATE SIGNED DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Steta) 23. BURIAL, CREMATION, REMOVAL (SPECIFIN REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

BY SHOMY IAS HYLDS TO THEM BY AVE OR ALYEAR

WALLEST STATE BOX MOMENTOS DECEMBERS

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39C 38C 1955

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11443 CERTIFICATE OF DEATH

声	1. PLACE OF	DEATH					2. USUA	L RESIDE	NCE (HOM	IE) OF E	ECEAS	ED	
7.2 hours aftedirector, the	OR and gi	Allegan; side corporete limits, ive neerest town) Cumber lai	write RURAL	LE	MARYLAN ENGTH OF ST (in this place 7 mont	TAY	OR TOWN		porete limits, w	d, Mo	end give n		y 62
within 7	HOSPITAL OR INSTITUTION STREET ADDRESS	OR	eymour	Stree	et		STREET	s 118	Seymo		t .	n)	1
88	3. NAME OF DECEASE (Type or Print)		lvin	(Middl	ee S		(Losi) baugh		4. DA	F		(Day) 4-55	(Yeer)
	5. SEX Male	6. COLOR OR RACE	WIDO	E, MARRIED, WED, DIVORCE (y) Singl	FD.	May	6,1955		9. AGE last	birthdey	Months	ER 1 YEAR	Hours Min.
ı	10e, USUAL OCCL dona during	JPATION (Give kind most of working life,	of work	10b. KIND OF OR INDU	BUSINESS		11. BIRTHPLAC					12. CITIZEI	N OF WHAT
	13. FATHER'S NA.	ME	nsabau RMED FORCES?		CIAL SECURIT	Y NO.	F	IER'S MAIDEN EAZEL IFORMANT &	Jean	Sens	abau	gh	
use as a burial transit pe	E-14	(If Yas, giva war o	0	r	Pul	AL CER	Joh		Sensa	baug.	h, Cu	INTE	Land, Md RVAL BETWEEN ET AND DEATH
	ANTI	ECEDENT CAUSE(S) ONDITIONS, IF ANY THE ABOVE CAUS YING CAUSE LAS	DUE TO	acute.	Laryn	als po	celes :	Bents	Ritis			20	tho.
	TO THE DEATH	CANT CONDITIONS OF BUT NOT RELATED TO	ONTRIBUTING O THE										
	19 DATE OF OP	ERATION	19b. MAJOR FI									20 YES	AUTOPSY?
	OR CONTRIBUTING	AS UNDERLYING [CAUSE OF DEAT MEDICAL EXAMINER	H OF INJURY	CE (Home, far Y street, office	m, fectory, bldg., atc.)		21c. WHERE DID	INJURY OCC	UR? (City or	lown)	(Co	ounty)	(Stele)
	21d. TIME OF INJU	JRY (Month) (Dey) (Year) (Hou M	While -	JRY OCCURRE Not wh at work	ile ,	21f. HOW DID	INJURY OCC	UR?		MF		
WOI CC-I	alive on			e deceased , and that	t death oc	Dec curred at			causes and	on the	date sta	ited above	the decease

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BUREAU V. S.

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11465

11410 CERTIFICATE	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	STATE Maryland county Allegany
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give neerest town) TOWN Rural-Cumberland 25 vrs	TOWN Rural-Cumberland
HOSPITAL OR MEXICO FARMS	STREET An · (If cural give location)
STREET ADDRESS Rt. 4. Cumberland. Nd.	ADDRESS NEXICO FARMS
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yeer)
Command But all The Command Co	Shank Ded. 15 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED,	F BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
	e 4, 1883 72 yrs. Months Days Hours Min.
	11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT
retired) Housewife Own Home	La Vale, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis M. DeVore	Rachel E. Everstine
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no or unk.) (If Yes, give wer or detes of service) None	James W. Shank. Rt. 4. Cumberland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO MATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
463 × IMMEDIATE CAUSE (A) Tulmoriasi	1 cmbolism 5 min
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	1000 0 - 1 - 1 - 1 - 1 - 1 - R
STATING UNDERLYING CAUSE LAST. DUE TO	precions were:
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Marketons and several conditions (Section 1)
DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?
0	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Pic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While While Not while at work	211. HOW DID INJURY OCCUR?
22. I hereby certify that Lattended the deceased from Novi	1955, to 106/5, 1955, that I last saw the deceased
alive on Novi 16, 19 5, and that death occurred at	4 I'M J
SIGNATURE	ADDRESS (Street, city, pown, state) DATE SIGNED
WIN HOUSE	Current 2014, 17 W. 12/10/33
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
Burial 12/18/55 Rose Hill	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS .
ASER. 17,1955 Menter K. Tranh, M.D.	John J. Hafef. Cumberland, Md.

• ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

TO ATTENDING

VS A15C 1-55 10M

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit.

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TECH CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11466

11471 CERTIFICATE OF DEATH

	Items 8,9,14 FilmG191 1-11-56 et	Reg. Dist. No.
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Allegany MARYLAND	STATE Md COUNTY G/184AA4
	CITY (If outside corporefe limits, write RURAL LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)
	OR and give nearest town) Y TOWN OR (in this plece) OR 2000 OR	TOWN MOSCOW X
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yeer)
	(Type or Print) MARY LAUDER Q	Shaw DEATH DEC 30 1955
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
	Female White (Specify) (4/1 Low July	7 7. 1876 79 yrs. Months Deys Hours Min.
		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	retired) Domestic Own home	RiddlesBurg, Pa. U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Lauder	Mary Aschem Lauder
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
4	(Yes, no, or unk.) (If Yes, give wer or detes of service)	Anorew Shaw, Moscow, Md.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Ü	420,1 IMMEDIATE CAUSE (A)	Thombon / Day
	ANTECEDENT CAUSE(S) DUE TO	V 8
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Delevose 10 yes
	STATING UNDERLYING CAUSE LAST. DUE TO	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
T.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	or Signal 1/ hm
	198 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	/20. AV/FOPSY?
		YES NO
	21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stefe)
i.	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 1: Not while et work et w	21f. HOW DID INJURY OCCUR?
8	22. I hereby certify that I attended the deceased from	1950, to Dec 30, 1955, that I last saw the deceased
	alive for 12-30, 19 5 4, and that death occurred at.	7.30M, from the causes and on the date stated above.
10M	SIGNTURE	ADDRESS (Street, city, town, staté) DATE SIGNED
5	ACON N. / Base, M.D.	Pre due 1 101/2 12-31-55.
7	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR	
A15(1911MAR 1-2-56 LAUREIN	ull lem Moscow, Ald
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE/2-31-55 Mes Jean C. Kelles	ESTAVAL, WESTERN PORT, Nd.

ST. PROMITIAGE PRIMARY OF TRANSPORT OF TRANSPORT OF

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1. PLACE	OF DEATH				2 Hellal BES	DENCE (HOME) OF	Reg. Dis		·····J
COUNTY	Allegan	nv.	MARYL	AND	STATE Mary		Alle		
CITY (If o	outside corporete limits, give neerest town)		LENGTH C	OF STAY	CITY (II outsida OR	corporete limits, write RURAI			
D TOWN	Cumberland	1,			STREET C	unberland,	give location)		00
INSTITUTION STREET ADI	N OR	eene St.			ADDRESS	Greene St.,	give locellon)		1
3. NAME O			(Middle)		(Last)	4. DATE (M	onth)	(Day)	(Yeer)
(Type or Pri	nt) CHARL		DERICK WIL		SNYDER	DEATH D		10,	19 5
s. sex	6. COLOR OR	7. SINGLE, WIDOW	MARRIED, ED, DIVORCED,	8. DATE OF		9. AGE lest birthdey	Months	R 1 YEAR	Hours
	White		Married b. KIND OF BUSINES		1. BIRTHPLACE (State o	71 yrs		2 CITIZE	N OF WHAT
done during	g most of working life edical Doc	, even if	OR INDUSTRY		Accident.			COUN	TRY?
13. FATHER'S N		101	Heurcine		14. MOTHER'S MA			U.	D.
	Adam Snyde	r			E1:	zabeth Mille	r		
15. WAS DECE.	ASED EVER IN U. S. A	ARMED FORCES?	16. SOCIAL SEC	URITY NO.	17. INFORMAN				1 1/1
Yes, no or unk.	(If Yes, give wer	or detes of service)					Clum De	31.1 31111	I. MCI.
			AND THE STREET		Mrs. Pla	nche Snyder	36 Cr		d, Md.
I DISEASES OF	CONDITIONS DIRECT	TLY LEADING TO [18. ME	DICAL CERT	Mrs. Pla	nche Snyder		eene	St.
As at a second	R CONDITIONS DIRECT	,	DEATH 18. ME	DICAL CER		inche Snyder		eene	St.
260X1	R CONDITIONS DIRECT	(A)	DEATH 18. ME	DICAL CERT		inche Snyder		eene	St.
260X1	R CONDITIONS DIRECT	(A)	DEATH 18. ME Walet	b m		nche Snyder		eene	St.
260X1	R CONDITIONS DIRECT	(A)	DEATH 18. ME Habet	DICAL CERT		anche Snyder Leit is Lilotalis nol Vosc		eene	St.
ANDISEASES OR OF GIVING RISE TO STATING UNDER	R CONDITIONS DIRECT IMMEDIATE CAUSE INTECEDENT CAUSE(S) CONDITIONS, IF AN' O THE ABOVE CAUSELYING CAUSE LAS	(A) DUE TO Y, (B) SE DUE TO (C) CONTRIBUTING	PEATH IS. ME Healet Drabet	DICAL CERT		inche Snyder Lettis Lettis Allotation nol Vosc		eene	
DISEASES OR CONTROL OF THE DEAT DISEASE OR CONTROL OF THE DISEASE OR CONTROL OR C	R CONDITIONS DIRECT IMMEDIATE CAUSE NTECEDENT CAUSE(S) CONDITIONS, IF AN' O THE ABOVE CAUSE REYING CAUSE LAS FICANT CONDITIONS H BUT NOT RELATED TO	(A) DUE TO Y, (B) SE ST. DUE TO (C) CONTRIBUTING TO THE DEATH.	Halet Drabet	is me		inche Snyder leite is		inte	St. RVAL BETWEE AND DEA
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C. R. Barriero de Contrata Salones

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FORT OFFICE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1. PLAC	E OF DEATH				2. USU	AL RESIDE	CE (HOME) OI	F DECEA	SED	
COUNT	y Allegan	ıv		MARYLAND	STAT	Maryla	nd cou	иту Д1	legany	
CITY	(If outside corporate limits, end give neerest town)	, write RURAL		LENGTH OF STA (in this plece)		(If outside corpo	rate limits, write RUR			02
INSTITU	TAL OR JITION OR ADDRESS 110 S	So. Joh	mson St.		STREE ADDR	ESS	(If rur	n St.		1
3. NAMI	E OF (Firs	it)	(Mid	die)	(Last)		4. DATE	(Month)	(Dey)	(Yeer
(Type o	or Print) ADDA			JIZABETH	SOWER		DEATH			23, 19
5. SEX Femal	6. COLOR OR RACE White	W	NGLE, MARRIED, IDOWED, DIVORGE (Pecify) Marri	CED,	ct. 27, 18		9. AGE lest birthde	y IF UI Mont	hs Deys	Hours
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retired)	110000111110		Own he	ome		Shire Co	W. Va.		U. S	•
is. PAIRE		1 H. I	argent		14. MO		Thomas			
.10	S OR CONDITIONS DIREC			18. MEDICA	Mi	s Betty	ADDRESS	110 S		d, Md, son S1 RVAL BETWEET AND DE
420.1	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) OR CONDITIONS, IF AN	(A) DUE TO	S TO DEATH		Mi	s Betty	Sowers	Cum 110 S	INTE	RVAL BETW
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ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. INSTRUCTION

BY ARCHITAR-HYAP TO THEMPEASON FRATE CHAIVEAN

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후류	1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASE	ть
s aft the		LEGANY
72 hours director, t	CITY (If outside corporate limits, write RURAL on give nearest town) CUMBERLAND CITY (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND CUMBERLAND	parest fown)
	HOSPITAL OR STREET (If rural give location INSTITUTION OR ADDRESS)
within	33 VIRGINIA AVENUE 3. NAME OF (First) (Middle) (Last) 4. DATE (Month)	(Day) (Yaer)
rar v e fu	(Type of Print) ANDREW W. SPEARMAN OF DEATH DECEMBER	ER 14 19 5
registrar by the	NACE WINDOWS DIVORCED	R 1 YEAR IF UNDER 24
i i	MALE WHITE (Specify) SINGLE NOVEMBER 6,1905 54 yrs.	
with t	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) LECTRICIAN 10b. KIND OF BUSINESS OR INDUSTRY OR INDUSTRY B. CO. MARYLAND	12. CITIZEN OF WHAT COUNTRY?
filed vely filed to the filed vely filed velocity	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	0.00110
etel sit	ANDREW P. SPEARMAN ROSE NASH	
® E ==	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS MEMORIAL HOSPITAL - CUMBI	ERLAND, MD.
certificat and co	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWE
ian as a	525 / IMMEDIATE CAUSE (A) Coronary throughouses	duned
nse	ANTECEDENT CAUSE(S) DUE TO	10
for	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	- many
hed	(c) Vulyaging Turpes	
detach	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	199 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
2		unty) (State)
shou	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	21d, TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
assembly	While at work Not while at work	

TO FI Cert dea VS A15C

REGISTRAR'S SIGNATURE 24 REC'D BY REGISTRAR

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY? NO D

last saw the deceased

DATE SIGNED

No. 4

02

(Yaer) 19 55 1 YEAR LIF UNDER 24 HRS. Hours | Min.

ames F. Scarpelli Cumberland, Md.

CERTIFICATE OF DEATH

DEC ST 18C2

BUREAU V. S.

Franklande von Harite (1) in temperature des des de la company

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law requires that the death certificate be executed within INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11473 CERTIFICATE OF DEATH

Reg. Dist. No. 0

11471

1. PLACE OF DEATH	2.	USUAL RESI	IDENC	E (HOME) OF	DECEASE	D		
COUNTY Allegany MARYLA	AND	STATE	MD.	COUNTY	A114	gan	v	
CITY (If outside corporate limits, write RURAL LENGTH OF	STAY	CITY (It outside	corporate	a limits, writa RURAL	end give ne	erast town)	7	
OR and give neerest town) Town Lonaconing (in this place)	VIS.	OR TOWN T.	en a	coning				V
HOSPITAL OR	3101	STREET	-Marie		iva location)			1
INSTITUTION OR		ADDRESS	Tion or					1
3. NAME OF (First) (Middle)	(Lest		rel5	t Main S		(Day)	(Yaa	
(Type or Print) CATHER INE	STEVEN			OF DEATH	Dec,	-0.15		
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spacily) Single	8. DATE OF BIRT			AGE last birthdey 71 yrs.	Months	R 1 YEAR Days	IF UNDER Hours	24 HRS.
10a, USUAL OCCUPATION (Give kind of work dona during most of working life, even if OR INDUSTRY	11. B	RTHPLACE (Stata o				COUN		AT
	(School)	Nikep			J	J.S.	A.	
13. FATHER'S NAME		4. MOTHER'S MAI						
James Stevenson		Eliz			еу			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	IRITY NO.	17. INFORMAN	T & ADE	DRESS				
NO NO		Mrs. D	anie	el Stake	m, 5:	iste:	r	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ICAL CERTIFI	CATIONT	aco	ning, MD).		RVAL BETY	
430 / IMMEDIATE CAUSE (A) Coron	ary (Decle	isi			/	om	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	schip	<u> </u>	cr	many		2	ges	<u> </u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	- he	elitu	<u>.</u>			5	5	
19. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION						2D YES		ZA.
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc. (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. W	HERE DID INJURY C	OCCUR?	(City or town)	(Cou	inty)	(Stete)
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCU While Not at work 1 of the first of the set with the set	while	OW DID INJURY C	OCCUR?					
22. I hereby certify that I attended the deceased from	lucisist	1953 , to	2012	19.5	S., that I	last sav	w the dec	ceased
alive on 20 dec., 19 5, and that death								
SIGNATURE COUNTY	M, D.	mai	DDRE	SS (Street, city, to	wn, slata)		DATE SI	GNED
Burial Cremation Date thereof Name of C Burial Dec, 23.1955 Oal	EMETERY OR CREM			LOCATION (City, to		y)	(5	State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		FUNERAL DIRECT		Lonacon	ing,	ADDRESS		
				HORN, L	anace		g, M	0
DATE/2-53-55 Jannelle M /2	000	T MENUAL	E.LUI	THOUR ,	exice e	AN TESE	21 714	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11458 CERTIFICATE OF DEATH

11472

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DEC	EASED
COUNTY Allegany	MARYLAND	STATE Maryla	nd county A	Allegany
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corporet	e limits, write RURAL end s	
OR end give neerest town) 22 TOWN Frostburg.	(In this plece) 15 yrs.	Frosth Frosth	מינים	2 2
HOSPITAL OR	1 7 7 3 5 6	STREET	(If rural give to	ocation)
on STREET ADDRESS 236 E. Main Sti	nont	ADDRESS 226 TO	Mode Cte	noot '
SOUTH MATTING	Aiddle)	(Lest) 236 F	Main St	(Dey) (Yeer)
DECEASED			OF	
TISTE	May	Stewart	DEATH Dec	
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV	DRCED.			F UNDER 1 YEAR IF UNDER 24 HRS.
Female White (Specify) Man	ried Marc	h 21st,1888	67 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR	OF BUSINESS	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	ousework	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Owen Lewis		Elizabet	h Porter	
	SOCIAL SECURITY NO.	17. INFORMANT & AD		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	None	Allen Ste	wart Fros	stburg, Md.
	18. MEDICAL CER		Wal of Tion	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 - 1	001		ONSET AND DEATH
710,0 IMMEDIATE CAUSE (A)	uersland.	Selevater	ug.	5 4RS.
ANTECEDENT CAUSE(S) DUE TO	8			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE BELLEVILLE AND AND ADDRESS OF THE PARTY.	BLARIE PLAN	seast and make	Car han	3 9RS.
DISFASE OR CONDITION CAUSING DEATH.		IER ULONEPHRI	775	20. AUTOPSY?
176. MAJOR PINDINGS C	OF OPERATION	Mark Comments		YES NO F
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of III FEITHER, NOTIFY MEDICAL EXAMINER)	farm, fectory, fice bldg., etc.)	RIC. WHERE DID INJURY OCCUR?	(City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e.		21f. HOW DID INJURY OCCUR?		
M. While			i	
22. I hereby certify that I attended the decease	ed from SEPT	, 1951 to 12/	3 , 19.55	that I last saw the deceased
/		9:15AM, from the cau		
SIGNATURE	.0	ADDRE	SS (Street, city, town, st	DATE SIGNED
Martin mother Engl	hetel M.D. 40	& Broadway.	- Fristens	g. hol. 12/4/55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	
Burial 12-5-1955	Eckhart C	emetery	Eckhart,	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	. ^	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
Marie 12 Com Marie Marie	and Al Kar	Joseph R.	Durst. Fro	stburg, Md.

ST. ZHOMITIAN-HTLASH TO THOMPS DO THAT BARTIMORS, IS

MAN CERTIFICATE OF DEATH

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24 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11447

CERTIFICATE OF DEATH

11473

Reg. Dist. No.

I. PLACE OF BEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY ALLEGANY	MARYLAND	STATE MARYLA	ND COUNTY	ALLEGANY	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corp	orala limits, writa RURAL a		vn)
OR and give nearest town) CUMBERLAND	(in this place)	OR TOWN WEST	ERNPORT		43
HOSPITAL OR MEMORIAL HOSPITA		STREET		va location)	1
A STORET ADDORSE	L	ADDRESS 120 I	OUNICON CT		
3. NAME OF (First)	(Middle)	(Last)	OHNSON ST.	nth) (Day)	(Year)
DECEASED			OF	iiii, (Day)	(rear)
(Type or Print) MRS ODA	B. SUL	LIVAN	DEATH	DEC. 2	• 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARI		F BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
FEMALE WHITE SpecifyWID	OWED SEP	T. 15, 1888	67 yrs.	Months Days	Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KI	IND OF BUSINESS	11. BIRTHPLACE (Stete or for	eign country)		ZEN OF WHAT
and and the state of the state	R INDUSTRY	I fee and the same a same a		100	UNTRY?
13. FATHER'S NAME	Home	WEST VIRGINIA	I NA ME	1 0	S.A.
LEONARD VANNOY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [1	6. SOCIAL SECURITY NO.	CATHERINE			
(Yes, no, or unk.) (If Yas, giva wer or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT &	ADDKE22		
	one	Memorial/	Hospital		
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	Electoria		TERVAL BETWEEN
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100 / Inthibit Chose (A)	State Charles and	7,037,00) I LANDAGE
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	.3				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	serdiar Ja	line			
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION	1,1			20. AUTOPSY?
13-20-55 Ciencery	m. 2/20	ne fleshall		YE	IS NO
21b. PLACE (Hon OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	na, ferm, fectory, office bldg., etc.)	1c. WHERE DID INJURY OCCI	JR? (City or town)	(County)	(State)
		21f. HOW DID INJURY OCC	UR?		
M. at v	work at work				
22. I hereby certify that I attended the dece	ased from 3 12	19 5 1 to	Der 2 19 5	that I last s	aw the deceased
alive on Dec. 2 , 19 3 , and					
SIGNATURE	u mai deam occurred an		RESS (Street, city, fow		DATE SIGNED
Come Brandied	M. D.	- (3	Itemas rive		C 3 /957
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town		(Stete)
Bernal Dec 5, 196	V St. Pites	Cemeteres	dusalis W	ses to	4. ml
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	n /	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES	SS
BARC. 4, 1955 Winter R.	Frants. M.D.	WHant	Ed Tred	lock	1

NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. Afterships certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of sphis death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

orrect	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No		
e e	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
F.	county Allegany Maryland	STATE Md. COUNTY ATTERS	anv		
carefully. The correct and legibly.	CITY (If outside corporate limits, write RURAL OR and give nearest town) 2 TOWN Cumberland LENGTH OF STAY (in this place)		l give nearest town)		
n care y and	HOSPITAL OR Dead on arrival at the STREET ADDRESS Sacred Heart Hospital.	STREET ADDRESS Route #5	1		
natio	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day OF DEATH Dec. 21			
n of information of death clearly	5. SEX: 6. COLOR OR RACE: RACE: WIDOWED, DIVORCED, (Specify) married Dec	9. AGE last birthday: FUNDER 1. 1-1903 9. AGE last birthday: FUNDER 1. Months D			
every item of the causes of	work done during most of work life, even if retired) OUSEWITE OUN NOWL	(State of Totals, Totals, Tales, Tale	COUNTRY? J. S. A.		
r it	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
ca	Nola G. Shobe	Ida May Koontz			
Supply every	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (1f Yes, give war or dates of service) 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: (Sister) Mrs. Ed. Fraley, Rt.]	W.Va.		
Sup	18. MEDIC	EAL CERTIFICATION			
9 2 20	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH		
INK.	Immediate cause (a) Myocardial failure DUE TO				
UNFADING Physicians:	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Antecedent cause(s) Myocarditis with coronary sclerosis years about about				
FA	stating underlying cause last (c) also had diabete	s mellitus	10 years		
E. Phy	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No.		
ILY,	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory OF street, office bldg., etc 1NJURY	••	(State)		
LAIN	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF UNDURY M. While at work 21f. HOW DID INJURY OCCUR?				
3 P	22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.				
PLEASE WRITE PLAINLY age is especially im	nnd that death resulted from: Natural causes ***, Acciding Nature H.V. Deming M.D. H.V. Deming M.D.	dent [], Suicide [], Indicide [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED		
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or co	- U U Las 1 com		
PLEA	PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (24. FUNERAL DIRECTOR, Combald	ADDRESS		
	market 1) market	Maker			



NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11474 CERTIFICATE OF DEATH

11475

Reg. Dist. No.

	Z. OSOAL RESIDE	NOE (HOME) OF DECEMBE	
county Allegany Maryland	STATE Mary	vland county Alle	egany
CITY (II outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (In this place)	CITY (il outside corp	orate limits, write RURAL and give nea	rest town)
(Rural) Mt. Savage Lifetime	TOWN (Rura	1) Mt. Savage	X
HOSPITAL OR	STREET	(If rural give location)	/
INSTITUTION OR STREET ADDRESS	ADDRESS		
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
DECEASED (Type of Print)		OF DEATH TO	
Jesse Earl	Trimble	Dec.	22nd, 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH	9. AGE lest birthdey IF UNDER Months	1 YEAR IF UNDER 24 HRS.
Male White Specify Married Apri	1 9th.1887	68 yrs.	
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12	COUNTRY?
relired Retired miner Coal Mining	Maryland		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	USA
George T. Trimble	Helen	A. Trimble	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT &		Rural)
Yes, no, or unk.) (If Yas, give wer or detes of service)		(1	
W No None	Mrs.Susai	nna Trimbie, Mt	.Savage, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	0	ONSET AND DEATH
43 43 IMMEDIATE CAUSE (A) Cerebrat	Hemon	hoge	8 18 9
- 0			10
DISEASES OR CONDITIONS, IF ANY, (B)	Hearto	isease	years -
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			1/63
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.)	21c. WHERE DID INJURY OCCL	JR? (City or town) (Coun	lty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCL	JR?	
M. at work et work	7 - 2 - 0		
22. I hereby certify that I attended the deceased from Hec.	, 19 55, to 19	22, 19.53, that I	last saw the deceased
alive on 12 21 , 19 55, and that death occurred a	at 11:00 AM, from the	causes and on the date state	d above.
SIGNATURE D		RESS (Street, city, town, stete)	DATE, SIGNED
John D. Have, M.D.	Trost	bung, my-	12/22/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or county) (Stata)
Burial 12-24-1955 St. George	es Cemetery	3/4 0	1/2
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	Mt. Savage,	ADDRESS Md.
12 12 1 N. N. N. N. N.			
DATE ASSIST VILLA MALLIAM NO MAS	Joseph R	. Durst, Frost	ourg, Ma.

CERTIFICATE OF DEATH

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MESSELLY, MY ANALYSIS OF		THE THOUGHT A PER
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eldhiel .Verlai Clancia Mara a Marala In V Scrawa C. an		ALGERTAL SECTION IN COLUMN TO A SECTION OF THE SECT

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11449 CERTIFICATE OF DEATH

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FUNERAL DIRECTOR: The

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or attending physician death

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED ALLEGANY MARYLAND MARYLAND COUNTY ALLEGANY STATE COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (if outside corporata limits, write RURAL and give nearest town) (in this place) OP and give nearest town) TOWN TOWN CUMBERLAND 31 DAYS CUMBERLAND STREET (If rural giva location) HOSPITAL OR MEMORIAL HOSPITAL INSTITUTION OR ADDRESS 109 PARK STREET STREET ADDRESS (Last) 4. DATE (Month) (Day) (Year) 3. NAME OF (First) (Middla) DECEASED DEATH TWIGG (Type or Print) SARAH MILDRED 19 55 9. AGE last birthday SINGLE, MARRIED. 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX COLOR OR WIDOWED, DIVORCED, RACE Months Hours Days FEMALE (Spacify) DIVORCED **FEBRUARY** VIS. 10a, USUAL OCCUPATION (Giva kind of work KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT dona during most of working life avan if OR INDUSTRY COUNTRY? WEST VIRGINIA U.S.A. Nobleck 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM J. PENNINGTON BETSY JONES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (If Yas, give wer or dates of service) (Yes, no, or unk.) MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND No None INTERVAL BETWEEN 18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 20. AUTOPSY? 196. MAJOR FINDINGS OF OPERATION SEPT, 28, 1955 YES T NO S 21a. ACCIDENT WAS UNDERLYING [7] 21b. PLACE (Homa, farm, factory, WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING [7] CAUSE OF DEATH OF INJURY straet, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Month) (Day) 21f. HOW DID INJURY OCCUR? 21d TIME OF INJURY (Year) (Hour) 21a. INJURY OCCURRED Not while Whila at work at work 5 to 12/2/ 19 5 5 that I last saw the deceased 1 - 19.19 22. I hereby certify that I attended the deceased from..... and that death occurred at 7.2.35AMM, from the causes and on the date stated above. alive on.... ADDRESS (Street, city flown, state) DATE SIGNED SIGNATURE M.D. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL, CREMATION (Stata) Burial Hillcrest Cemetery Cumberland Marvland ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR

Louis Stein, Inc.

Cumberland. Md.

MARYEAGO STAYS DEPARTMENT OF HEATH-PARTHDRS, 12

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11477

1450 CERTIFICATE OF DEATH

DR. HODGES Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED ALLEGANY MARYLAND ALLEGANY COUNTY MARYLAND COUNTY (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporete limits, write RURAL end give neerest town) end give nearest town) (in this place) 02 TOWN II DAYS CUMBERLAND CUMBERLAND, RURAL HOSPITAL OR STREET (If ruref giva location) INSTITUTION OR ADDRESS MEMORIAL HOSPITAL RT. #3, BEDFORD ROAD (A) STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Yeer) DECEASED **EDGAR** D. VANDEGRIFT DEATH DECEMBER 2. (Typa or Print) 7. SINGLE, MARRIED. S. SEX 6. COLOR OR 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, (Specify) MARRIED Months Hours MALE APRIL 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, evan if 11. BIRTHPLACE (Steta or foreign country) 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT OR INDUSTRY COUNTRY? retired) CONTRACTOR SELF EMPLOYED U.S.A. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN VANDEGRIFT FRANCES MARTIN IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 7 (Yas, nonprunk.) (If Yes, give wer or detes of service) MEMORIAL HOSPITAL - CUMBERLAND, MD. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH **IMMEDIATE CAUSE** DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. /MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 77 NO 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Hour) Whila Not while et work et work 19...5 that I last saw the deceased 22. I hereby certify that I attended the deceased from... 5:40AM, from the causes and on the date stated above. alive on. ... and that deeth occurred at. SIGNATURE ADDRESS (Streat City, town, state BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) Hillcrest Cemetery Cumberland REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE Louis Stein, Inc. Cumberland, Md.

ST REDAITIAS STATE DEPARTMENT OF PRACTE PARTMEDER TO LERTIFICATE OF DEATH ABOUT MOTO CHARTECH TOWN CUMPELLAND, LUBIE. 3716 EPONE TO D. VALUE CALLET CALLED CONTROL 2, 15 1991 - 1991 - 1991 - 1991 CANCELLA CONCUENT DESCRIPTION OF STREET We assure with the wall burky that I write he was not been with THE SELECTION OF THE SELECTION BUREAU V. S. 9 270

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11478

Within corporate 1:1451CERTIFICATE OF DEATH

Reg. Dist. No. 4

I. PLACE OF DEATH	2. USUAL RESIDENCE (NOME) OF DECEASED	
COUNTY Allegany MARYLAND	STATEMENT and COUNTY Alleg	anv
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest)	own)
OR end give neerest town) 22 Years	OR TOWN CLASS TANK	A 5
22 Years	Cumberland	0 4
HOSPITAL OR	STREET (If rurel give location)	1
INSTITUTION OR STREET ADDRESS Connect II cont II cont II cont	ADDRESS	-
Sacred Heart Hospital	115 Harrison	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (De	(Yeer)
(Type or Print)	Commo OF DEATH / 94	5 55
	fong OF BIRTH 1 9. AGE lest birthdey IF UNDER 1 YE	AR JIF UNDER 24 HRS
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,		Hours Min.
M W (Specify) Widowed 8/1	7/00 63 yrs.	iys Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	174	ITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	Harman	OUNTRY?
retired) Labor Construction Co	West Virginia	USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Wilfong	Elizabeth Arbogast	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	363
(Ves, no, or unk.) (If Yes, give wer or detes of service) 214-05-6789	Stanley Wilfong Cumberland	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
A DISEASES ON COMMINGING PRINCIPLE EXAMING TO SEATH		21.016
15/X IMMEDIATE CAUSE (A) COLONIAL CO		weeks
ANTECEDENT CAUSE(S) DUE TO	+ 1	2 - 41
DISEASES OR CONDITIONS, IF ANY, (B) Laner of	mely.	month
GIVING RISE TO THE ABOVE CAUSE /		
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE	15 tunchin	
DISEASE OR CONDITION CAUSING DEATH.	is with	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2 11-1-53 Colcostony		YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	OV. HOW DID BUHBY OCCUPS	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?	
M. et work at work		
22. I hereby certify that I attended the deceased from 10-3	1-1955 to 12-6- 1955 that I last	saw the deceased
The state of the s	4. 4	
alive on, 19, and that death occurred a	at	
SIGNATURE	ADDRESS (Street, city, town, stete)	DATE SIGNED
1. /hhmp M.D.	3 / Willen 1. Churcheston 1 KM	12-6-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF		(Stete)
2011-1116 1000-1010		d.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR'S SIGNATURE ADD	RESS
1 1 1 - 00 1	W.H. Cumberland.	Md.
DATE Dec 7,1955 W-R. Franky, M.A.	W H Kight Cumberland,	

MTARG TO READINGROUP OF DEATH

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